

ELICOS Certificate of Completion

Student Details

Student ID: _____ Class enrolled in: _____ USI number: _____

Given/first name: _____

Family name: _____

Address (where notification of outcome will be sent): _____

State: _____ Postcode: _____

Email: _____

Contact phone: _____

Collection

Personally come to collect **OR** Posted to address (Local: \$10 Overseas)

Date: _____ Time: _____

Note: Document must be collected within 7 working days of anticipated collection date.

Completion checklist (Please tick)

- All my fees are up to date
- All my library status is clear
- USI number provided

I declare that the information provided is true and correct.

Student Signature: _____

Date: _____