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| Replacement Certificate Request Form |
| Australian Centre for Advanced Studies Inc.PO Box 189, Parkwood, WA 6147 Australia | Email:ross.woods@acas.edu.au |
| **Section 1 – Client Details** |
| Name: |  | Date: |  / / |
| Address: |  |
| **Section 2 – Certification Details** |
| I wish to apply for a re-print of a document: |
| Qualification title/ course name: |  |
| Date of course: |  |
| Reason for re-print : |  |
| Document (Select one) | [ ]  Qualification and Transcript of Results [ ]  Statement of Attainment |
| Units included (if known): |
| Unit Code | Unit Code | Unit Code |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Signature: |  | Date: |  / / |
| **Section 3 – Fee and Payment Details** |
| Documents will only be issued if payment is attached/confirmedFee for reprint of documents: $AU 30.00 per certificate |
| [ ]  Please find enclosed a cheque for $AU30.00 payable to Australian Centre for Advanced Studies Inc Postal address: PO Box 189, Riverton WA 6147, Australia |
| [ ]  Direct Transfer - BSB: 036-069 | Acct No: 235-064 | Acct Name: Australian Centre for Advanced Studies Inc |
| **Admin Use Only** |
| All fees paid : | [ ]  Yes | [ ]  No | Signature: |  | Date: |  / / |
| Certificate sent: | [ ]  Yes | [ ]  No | Signature: |  | Date: |  / / |
| Certificate copy filed: | [ ]  Yes | [ ]  No | Signature: |  | Date: |  / / |