



Student Request Form

Instructions to the student:

1. If this application form is incomplete the BIOT may not commence/delay processing your request.
2. One course per application form only and any debts should be paid prior to lodging this form. Please allow Ten (10) working days to process your request.
3. If you priority processing, please give details in the above space provided/ attach more documents to this application as applicable. Please email the filled form and relevant documentation to admin@biot.edu.au

Applicants Details

Student Number (if applicable)									
Preferred Title (Mr, Mrs, Ms, Miss)									
Surname									
First Name/s									
Any other name used					Gender		Male <input type="checkbox"/> Female		
Home Address							Postcode		
Postal Address if different from above							Postcode		
Home Tel. No					Business/Mobile				
Email Address					Date of Birth				
Course Title					Course Code				

REQUEST
Please outline below your request:

Students Signature:

Date:

FOR OFFICE USE ONLY:

Once all signoff's are done, this form and relevant documentation shall be scanned and uploaded by the serving student administration officer in to student enrolment section in wise.net data base for record keeping purposes.

Remarks:

Staff Signature:

Date: