## **STUDENT ENQUIRY FORM**



## **STUDENT INFORMATION**

SURNAME:*	FIRST NAME(S):*
STUDENT ID NUMBER:	EMAIL:
MOBILE:	CURRENT COURSE:

## **TYPE OF REQUEST**

ATTENDANCE RES	ULT CLASS/TIMETABLE	STUDENT ID
ENROLMENT IN NEXT CO	OURSE OTHER (PLEASE SPE	CIFY)
COMMENTS:		
STUDENT SIGNATURE:		DATE:
OFFICE USE ONLY		

RECEIVED DT. SIGNATORE. DATE.	RECEIVED BY:	SIGNATURE:	DATE:	
-------------------------------	--------------	------------	-------	--

© NOVUS EDUCATION PTY. LTD. | STUDENT ENQUIRY FORM

RTO CODE: 45082 | CRICOS PROVIDER CODE : 03966K | Sydney Campus: Suite 309, Level 3, 22-36 Mountain Street, Ultimo NSW 2007, Australia Gosford Campus: Suite 5, Level 1, 153 Mann Street, Gosford, NSW 2250, Australia | www.novus.edu.au | 02 4308 9649 | admin@novus.edu.au