



## Request for Australian Higher Education Graduation Statement

### Section A Graduate Information

Student ID No

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Current Family Name ..... Given Name(s) .....

Mailing Address: .....  
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### Section B Details of Request

Your Name at Time of Study: .....

Course Undertaken: .....

Campus/Place of Study: .....

Graduation Date: .....

*(Note: AHEG Statements are only provided to graduates from Spring 2009 onwards. )*

### Section C Charge for Request

No. of Copies Required: ..... Cost \$65.00 (incl. GST) per copy. Replacement AHEG Statement will be posted by registered post. An additional charge of \$15.00 is applicable if international postage is required.

*(Note: \$65.00 charge covers one course only. If you need more than one course the charge applies per course)*

### Section D Graduate's Signature and payment

Graduate Signature ..... Date .....

*This form should be posted to Graduation Office, PO Box 456, Virginia, QLD 4014 along with a cheque or money order made out to 'Australian Catholic University' or please complete the details below. (Note: Please allow fourteen [14] days for processing)*

Credit Card Authority Details  Visa  Mastercard

Card Number: .....

Name on Card: .....

Expiry Date: ..... Amount: .....

Contact number: .....

Signature of Cardholder: .....