

# Request for Academic Transcript

Please note Academic Transcripts will not be issued to students with outstanding debts owing to the Melbourne Institute of Technology.



**MELBOURNE**  
INSTITUTE OF TECHNOLOGY

## Return form to:

### Office of Student Administration and Experience

Melbourne Institute of Technology, Level 2M, 288 La Trobe St, Melbourne VIC 3000, Phone: +61 3 8600 6700, Email: [enrolments@mit.edu.au](mailto:enrolments@mit.edu.au)

MIT Sydney, Level 7, 154-158 Sussex Street, Sydney, NSW 2000, Phone: +61 2 8267 1400, Email: [enrolments.syd@mit.edu.au](mailto:enrolments.syd@mit.edu.au)

## Personal Details

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐

Student ID:

M	I	T							
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Given Name:

Family Name:

Date of Birth:

Telephone:

Course Name:

Email:

## Request Details

### Academic Transcript:

☐ **Standard processing:** \$12 per copy

Your transcript will be processed within 5 working days.

(10 working days during the enrolment period)

☐ **Priority processing:** \$25 per copy

24 hour processing. (Not available during enrolment period)

Number of extra transcripts required: ☐ \$5 per copy

**Total payable (transcript and postage):** \$\_\_\_\_\_

### Postage Details

- |   |         |
|---|---------|
| <input type="checkbox"/> Standard post within Australia | \$0.00  |
| <input type="checkbox"/> Post to Australia (Express)    | \$10.00 |
| <input type="checkbox"/> Post to Australia (Registered) | \$10.00 |
| <input type="checkbox"/> Registered Post International  | \$25.00 |
| <input type="checkbox"/> Express International          | \$45.00 |

## Collection Method

☐ Collect from Office of Student Services and Engagement on Level 2M at MIT. ☐ Collect from Sydney Campus.

☐ Email me a scanned copy of transcript. ☐ Send via post. (Provide mailing address below):

Number & Street: \_\_\_\_\_ Suburb/Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Student Signature:**

**Date:**

**Staff Initials:**

**Date:**

## Payment Details

Please complete the following details if you are paying by a credit card

Please debit my: ☐ Visa ☐ MasterCard

Amount: AUD\$ \_\_\_\_\_

Card number:

Expiry date:  /

Cardholder's name: \_\_\_\_\_

Security code:

Cardholder's signature: \_\_\_\_\_

## Finance – Office Use Only

Amount received:

Initials:

Payment method:

Date: