

Application for Unsealed Award

Delegated Officer must:

- Confirm students are enrolled and fees are paid before applying for Award/s
- 2. Ensure results have been entered onto Campus Solutions (where appropriate)
- 3. Complete all sections of this Application and forward with required documentation, ie Academic Transcript/Group Results etc to Graduation Office graduate@federation.edu.au

1. Type/s of Award Required

Please select Award type required: (for further information refer to TAFE Division Schedule of Awards)

	AWARD TYPE
-	TYPE C - STATEMENT OF ATTAINMENT
ı	ssued to recognise successful completion of nationally endorsed units of
(competency or nationally endorsed modules that fall short of a full AQF
(qualification or completion of a nationally accredited short course.
-	TYPE D - STATEMENT OF ACHIEVEMENT
	ssued to recognise successful completion of a FedUni internally approved course
١	where assessment has taken place
	TYPE E - STATEMENT OF ATTENDANCE
ı	ssued to recognise attendance at courses or units/modules for which:
	 there has been no assessment; or
	 there is assessment but a student elects not to be assessed.
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ovis ach d	details of any symbols/logos or other customisation required Graduation Office to discuss requirements ion of Student Details documentation showing: (eg: Teaching Group (Course List) Results by Term, statement of resame of Student
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2.



Application for Unsealed Award *TAFE*

5.	Course (Syllabus) Title & Code: (Ensure correct national titles & codes are used)		
6.	Unit/Module Title/s & Code/s: (Can be highlight	ted on attached results sheet)	
7.	Group ID/s: (Complete if Awards are for an entire group or groups)		
8.	Is Skills Set Wording Required?		
	If yes, indicate Skills Sets Registration Number:		
	Hours of Duration: (If relevant) Total Number of Awards:		
	. <u>a) Date of Issue to appear on Award/s:</u> /		
b) Date/s of Attendance to appear on Award/s if Statement of Attendance:			
	. <u>Date Award/s are required by:</u> (PLEASE NOTE: Certificates will be issued within 10 wo		
	Certificates will be mailed directly to the student/s unless otherwise stated below:	Program Area:	
	Please return certificates to:	Campus:	
	(Print Name) For distribution	Ext No: Date:	
	Graduation Office Use Only	Chair, Academic Board authorisation	
	Date processed in CS	Date approved:	

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