



HEALTH  
EDUCATION  
& TRAINING

WHERE INNOVATION DRIVES  
EXCELLENCE IN EDUCATION  
AND TRAINING FOR IMPROVED  
HEALTH OUTCOMES

# GRADUATION REGISTRATION

## FRIDAY 6 APRIL 2018

**PLEASE COMPLETE THIS FORM AND RETURN BY 19 MARCH 2018**

**First Name\***

**Last Name\***

**Student ID**

\* Please note this must be your legal name.

Please indicate your intention

**I wish to graduate in 2018** with my current eligible award - please complete remainder of form

**I do not wish to graduate in 2018** as I am returning to study - proceed to submit the registration form

### TESTAMUR DETAILS

**Course Framework**

**Specialisation**

**Award** Certificate Diploma Master

Number of guests 1 2

I am unable to attend the Ceremony. Please mail my testamur to the following address:

### ADDRESS INFORMATION

**Street Address or PO Box**

**Suburb**

**State**

**Postcode**

**Signature**

(please type your name)

**Date**

Please submit your registration form or fax to 02 9840 3838.

#### HETI Higher Education

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