

Request for Replacement Academic Documents

GENERAL INFORMATION

Please complete this form and forward together with the appropriate certified documents required to the Health Education and Training Institute (HETI) Higher Education at the address below. HETI is unable to provide replacement documents issued by the NSW Institute of Psychiatry however can supply a letter that explains the transition to HETI and the list of units studied with appropriate grades. Please email info@heti.edu.au if you require this letter. There is no charge for this letter.

Certified Documents Required

The following certified documents are required with your application:

- Replacement Unit Results Statement – certified photographic ID (eg drivers licence, passport) that displays your signature
- Replacement Academic Transcript– certified photographic ID (eg drivers licence, passport) that displays your signature
- Replacement Testamur– certified photographic ID (eg drivers licence, passport) that displays your signature PLUS a statutory declaration explaining the reason a replacement is required.

SECTION 1: YOUR DETAILS

Student Name		Student ID	
Postal Address			
Phone Number		Email	

SECTION 2: REPLACEMENT DOCUMENT DETAILS (Tick relevant box)

I am requesting a replacement of the following academic documents:

Replacement Unit Results Statement	COST: \$10.00 inc GST each	No. of Copies
Replacement Academic Transcript	COST: \$20.00 inc GST each	No. of Copies
Replacement Testamur	COST: \$70.00 inc GST each	No. of Copies
<i>My certified documents are attached</i>		
Photographic ID (eg drivers licence, passport) – required for all replacement documents		
Statutory Declaration – only required for Replacement Testamur		

SECTION 3: AWARD/UNIT DETAILS

Student Name		Student ID	
Award Conferred/Unit Completed			
Year Conferred	Specialisation		
Postal Address			
Phone Number		Email	

See overleaf for Payment Details and Declaration.

SECTION 4: PAYMENT DETAILS

Payment can be made by cheque, money order or credit card. Please make cheques and money orders payable to "Heath Education and Training Institute". For credit card payments, please enter your card details below.

I enclose my cheque/money order for the amount of \$

OR Please debit my credit card for the amount of \$

Card Number	Expiry Date	CCV No.
Card Type	VISA	MASTERCARD
Cardholder Name	Cardholder Signature	

SECTION 5: DECLARATION

You must submit a specimen of your signature as it appears on your certified photographic ID.

Student Declaration

I understand that if the request I submit is incorrect or incomplete my request will not be processed.

Student Signature	Date
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OFFICE USE ONLY

Checked by Cohort Convenor		Date
Approved by Learning Pathways Manager		Date
Approved by Director of Education and Training		Date
Payment Processed by Accounts Officer		Date
Document Created by Database Officer		Date
Documents posted and records kept by Cohort Convenor		Date