M.S Aviation Pty Ltd T/A Australian School of Commerce
RTO NO. 41089 I CRICOS NO.: 03489A
Melbourne Campus: Level 4, 123-129 Lonsdale Street Melbourne, Victoria 3000 Australia
Hobart Campus: Level 4, 18 Elizabeth Street, Hobart Tasmania 7000 Australia
Ph: 1300 781 194 I E: Info@asoc.edu.au I W: www.asoc.edu.au
ABN: 87 160 483 447

Australian School of Commerce

STUDENT SUPPORT REQUEST FORM

Student Personal Details			
Full name:		**Student ID:**	
Course Code & Name:			
Email:		**Phone no:**	
Address:			
Date of Birth:		**Preferred Contact Method:**	☐ Email ☐ Phone

Type of Student Support Services you are looking for:

- ○ Academic Support
- ○ Language, Literacy, Numeracy and Digital (LLND) Support
- ○ Disability Support
- ○ Safety and Health
- ○ Counselling
- ○ Emergency and health services
- ○ Facilities and resources
- ○ Feedback, Complaints and Appeals
- ○ Legal services
- ○ Others; Please specify _____

Note: Student Support officer will contact the student to make an appointment within five (5) working days of the receipt of the request form.

Please describe your request, including what support measures would help you meet your requirements or personal needs:
(Please include any deadlines, accessibility requirements, or adjustments you need to participate fully in your course.)

Student Signature: _____Date: _____

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Student Declaration
• I declare that the information provided is true, correct, and complete to the best of my knowledge. • I understand that ASOC staff may contact me to discuss my request and to arrange appropriate support measures. • I understand that ASOC will assess my request and may provide alternative support if my exact request is not feasible. • I understand that personal information collected on this form will be managed in accordance with the Privacy Act 1988 and ASOC's Privacy Policy and may be shared with the regulators where required under the ESOS Act 2000 or National code 2018. Student Signature: _____ Date: _____

For Office Use Only			
Particulars	**Name**	**Signature**	**Date**
Request received by:			
Reviewed/Assessed by:			
Decision:	Tick one: ☐ Approved ☐ Rejected		
Request granted by:			
Details of support provided and outcome (attach another sheet if required)			
☐ Student contacted and support confirmed on: _____/_____/_____			
Student Support Officer Signature: _____ Date: _____			