POSTGRADUATE RESEARCH STUDENT
REQUEST FOR A STATEMENT OF STATUS

INSTRUCTIONS
Complete all sections of this application, failure to complete all sections will result in processing delays

PERSONAL DETAILS
Student Number: ___________ Family Name: __________________________ First Name _______________________
Degree: _______________ Postal Address: ______________________________
Post Code: ___________ Email Address: _______________________________ Name of Supervisor: ______________________

☐ Please hold for collection on: _______________ (date)

Please provide me with (tick appropriate box):

☐ Enrolment Status ☐ Thesis Examination Status
☐ Graduation Status ☐ Scholarship Status

Details:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

STUDENT SIGNATURE:

Signature: __________________________ Date: __________________

PLEASE RETURN THIS FORM TO:
RESEARCH STUDENT CENTRE
Ground Floor Building 20
University of Wollongong NSW 2522
Ph (02) 4221 5452

OFFICE USE ONLY

Date Received: ______________________ Date Processed: ______________________