

# REQUEST FOR NOTIFICATION OF COMPLETION



Please return to:

Your Campus Administration or

Student Business Centre

CQUniversity Australia

Building 2, Bruce Highway

Rockhampton QLD 4702

or Fax 07 4930 9399

## STUDENT DETAILS

Student number

Date of birth   /   /

Title  Mr  Mrs  Ms  Miss  Dr  Other

Family name	
Given name(s)	
Program title	
Faculty	
Completion term	Year
Campus	

## POSTAGE/COLLECTION DETAILS

Please mail response to address below

Current mailing address		
Town/city		
Country	State	Postcode

OR

Response to be collected by

Day of the week  Date   /   /   Time

Student's signature  Date   /   /

## OFFICE USE

Received by

Date   /   /

Processed by

Date   /   /