



REQUEST FOR ACADEMIC TRANSCRIPT

SA-ST-1008

1. INSTRUCTIONS

- Complete Sections 2 and 3 below (please allow 21 days processing time)
- Enclose the required fee and return the form to Student Administration:

Albury-Wodonga

Student Administration Office
Charles Sturt University
PO Box 1268
ALBURY NSW 2640
Fax: (02) 6051 6629

Bathurst

Examinations Office
Charles Sturt University
Private Bag 8
BATHURST NSW 2795
Fax: (02) 6338 4193

Wagga Wagga

Student Administration Office
Charles Sturt University
Locked Bag 588
WAGGA WAGGA NSW 2678
Fax: (02) 6933 2922

Orange

Student Administration
Charles Sturt University
PO Box 883
Orange NSW 2800
Fax: (02) 6365 7590

2. DETAILS OF REQUEST

Graduated: Yes No

Name:
First Name
Middle Name/s
Family Name

Date of Birth: Contact Number:

Name when studying:
First Name
Middle Name/s
Family Name

Years of study: Student Number:

Course studied:

Institution you studied with (tick relevant box)

- | | |
|---|--|
| <input type="checkbox"/> <i>Charles Sturt University</i>
<input type="checkbox"/> <i>Mitchell College of Advanced Education</i>
<input type="checkbox"/> <i>Riverina-Murray Institute of Higher Education</i>
<input type="checkbox"/> <i>Riverina College of Advanced Education</i>
<input type="checkbox"/> <i>Goulburn Teachers' College</i> | <input type="checkbox"/> <i>Goulburn College of Advanced Education</i>
<input type="checkbox"/> <i>Wagga Agricultural College</i>
<input type="checkbox"/> <i>Wagga Wagga Teachers' College</i>
<input type="checkbox"/> <i>Bathurst Teachers' College</i>
<input type="checkbox"/> <i>Orange Agricultural College</i> |
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Address to post transcript to:

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3. PAYMENT DETAILS

Current fees are listed under "2008 Other Fees and Charges" at: www.csu.edu.au/division/finserv/students/fees.htm

Number of transcripts required: _____ I have paid/enclose payment of \$ _____

Cheque/Money Order (*please make cheques/money orders payable to Charles Sturt University*)

Mastercard Visa American Express

Card Number:

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Cardholder's Name: _____ Expiry date: ____/____/____

Cardholder's Signature: _____

Signature of applicant: _____ Date: ____/____/____

<i>Office use only:</i>	<i>Payment processed:</i>	<i>Transcript sent:</i>
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