



# AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St  
Melbourne, VIC 3000, Australia  
Phone: +61 3 9639 9951 | Website: www.asli.vic.edu.au  
CRICOS No: 03483G | RTO No : 40794

## Student Support Request form

Student Personal Details			
Full name:		Student ID	
Course Code & name:			
Email:		Phone no:	
Address:			
Date of Birth		Preferred Contact Method	<input type="checkbox"/> Email <input type="checkbox"/> Phone
Type of Student support services you are looking for:			
<ul style="list-style-type: none"> <li><input type="radio"/> Academic Support</li> <li><input type="radio"/> Language Literacy and Numeracy and Digital (LLND) Support</li> <li><input type="radio"/> Disability Support</li> <li><input type="radio"/> Safety and Health</li> <li><input type="radio"/> Counselling</li> <li><input type="radio"/> Emergency and health services</li> <li><input type="radio"/> Facilities and resources</li> <li><input type="radio"/> Feedback, Complaints and Appeal</li> <li><input type="radio"/> Legal services</li> <li><input type="radio"/> Others; Please specify _____</li> </ul>			
<p><b>Note:</b> Student Support officer will contact the student to make an appointment within five working days of receipt of the request form.</p>			
What kind of support measures are you looking for?			
<p>Please describe your request, including what support measures would help you meet your study requirements or personal <i>(Please include any deadlines, accessibility requirements, or adjustments you need to participate fully in your course)</i></p>			



# AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St  
Melbourne, VIC 3000, Australia  
Phone: +61 3 9639 9951 | Website: www.asli.vic.edu.au

CRICOS No: 03483G | RTO No : 40794

## Student Declaration

- I declare that the information provided is true, correct, and complete to the best of my knowledge.
- I understand that ASLI staff may contact me to discuss my request and to arrange appropriate support measures.
- I understand that ASLI 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 ASLI's Privacy Policy and may be shared with the regulators where required under the ESOS Act 2000 or National code 2028.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Office use only:

Particulars	Name	Signature	Date
Request received by:			
Reviewed/Assessed by:			
Decision:	Tick one: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
Decision by:			
Outcome/Actions Taken: (Attach sheet if required)			
<input type="checkbox"/> Student contacted and support confirmed on: _____ / _____ / _____			
Student Support Officer Signature: _____ Date: _____ / _____ / _____			