



International College of Advanced Education

International Student Policy and Procedure Document

CRICOS Provider: 02864B



The Casino School

Academic Transcript Request Form

Instructions:

1. This form is for any student enrolled in a CRICOS registered course who wants to request a copy of their academic transcript.
2. The standard processing time for an academic transcript is 10 business days.
3. This form should be completed in full and emailed to info@thecasinoschool.com or posted Attn: The Registrar, ICAE, GPO Box 2776, Darwin, NT 0800.

Student Name: _____ Date of Birth: _____

Course Start Date: _____ Student ID #: _____

Phone Number: _____ Email: _____

I would like an academic transcript for all results between the following dates:

Start Date: _____ End Date: _____

I hereby confirm that this form is complete and correct, I have reviewed ICAE's Academic and Professional Code of Conduct and that all information provided in this application is truthful.

Student Signature: _____ Date: _____

Office use only:

Request processed by (Staff Name): _____ Date: _____

Comments: _____
