

APPLICATION FOR COURSE COMPLETION

WHEN TO SUBMIT THIS FORM

You should submit this form by **6 December 2019**.

ABOUT COURSE COMPLETION

To be deemed eligible for Course Completion you must have successfully completed all the requirements of your course, including all required units and Professional Experience requirements as applicable to your course. Additionally, you must have returned all Library Books, have no outstanding debts with the Library or College, and have completed all scholarship hours (if applicable).

Student Details

Note: Communication regarding graduation will be provided to you via the contact details you indicate below. Ensure you keep the College updated of any change to your contact details.

Student ID: **Mobile phone number:**

Personal Email address

(not ACPE email) Print clearly

Full Name as it should appear on the testamur (graduation certificate): *If any part of your name below is different from your enrolled name, attach Change of Name form with a copy of the documentation that verifies your requested name.*

_____ *First Name*

_____ *Middle Name*

_____ *Last Name*

Mailing address below

Street Number and Street: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Course Applying for Course Completion (Mark with a cross ☒)

- | | |
|--|--|
| <input type="checkbox"/> Diploma of Applied Fitness (<i>exit point</i>) | <input type="checkbox"/> Bachelor of Health Science (Dance) |
| <input type="checkbox"/> Associate Degree of Applied Fitness (<i>exit point</i>) | <input type="checkbox"/> Bachelor of Health Science (Exercise) |
| <input type="checkbox"/> Bachelor of Applied Fitness | <input type="checkbox"/> Bachelor of Health Science (Fitness) |
| <input type="checkbox"/> Bachelor of Dance Education | <input type="checkbox"/> Bachelor of Sports Coaching (Management) |
| <input type="checkbox"/> Bachelor of Dance Practice | <input type="checkbox"/> Bachelor of Sports Coaching (Strength & Conditioning) |
| <input type="checkbox"/> Bachelor of Education (Physical and Health Education) | <input type="checkbox"/> Associate Degree of Sports Business (<i>exit point</i>) |
| <input type="checkbox"/> Bachelor of Health and Movement | <input type="checkbox"/> Bachelor of Sports Business (Leadership) |
| <input type="checkbox"/> Bachelor of Health Science (Community Health) | <input type="checkbox"/> Graduate Certificate in Sports Administration (<i>exit point</i>) |
| | <input type="checkbox"/> Graduate Diploma of Sports Administration |

(Mark with a cross ☒)

I expect to complete my course requirements

Mid-Year 2019 End-of-Year 2019 End of Summer School 2020

If applicable, identify below any Current Cross-Institutional Studies to gain credit towards your final units for ACPE course completion

I am currently undertaking cross-institutional studies in _____ (*institution*) for credit towards _____ (*ACPE unit code & title*).

Student's Signature: _____

Date: _____

SUBMISSION

Submit the signed form (a) by mail to **ACPE Locked Bag 2000, Concord West NSW 2138**, or (b) by email of the scanned document to graduation@acpe.edu.au from your personal email address, or (c) in person to ACPE Front Desk staff at 10 Parkview Drive, Sydney Olympic Park.