



## Reissue of Subject or Unit of Study Outline Form

This form is to be used to request a Subject Outline or Unit of Study Outline that is no longer available from a College website.

- Requests may only be made by students that have completed the Subject / Unit of Study relevant to the Outline requested.
- A \$10 Administration fee applies plus \$2\* for each Subject /Unit of Study Guide (\*includes GST):  
*Examples: 2 Guides is \$10 + (2 x \$2) = \$14*  
*6 Guides is \$10 + (6 x \$2) = \$22*
- Applicants will only receive Subject / Unit of Study Guides for the Subjects/Units of Study that have been completed.
- Teaching Period shall be either Semester 1 or 2; Trimester 1, 2 or 3; or online monthly intake (e.g.: March).

### 1. PERSONAL DETAILS

Student Number		Unique Student Identifier (USI)	
Title	Given Name	Family Name	
Address			
Suburb		State	Postcode
Phone Number		Date of Birth	
Email			

### 2. STUDY DETAILS

Course	Campus
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### 3. REQUEST DETAILS

Code	Subject / Unit Name	Teaching Period	Year of Completion




**Note:** Attach additional list if more rows are required.

## 4. COLLECTION DETAILS

Please indicate the most relevant option by ticking one of the following boxes:

- ☐ I will be collecting my Subject / Unit of Study Outlines from the campus provided in Section 2.\*
- ☐ Please post my Subject / Unit of Study Outlines to the postal address provided in Section 1.\*
- ☐ Please send my Subject / Unit of Study Outlines using the email address provided in Section 1.

\*Allow up to two weeks from date of application to be notified that documents have been posted or are ready for collection.

## 5. PAYMENT DETAILS

Select the payment method from the following options (EFTPOS/Credit Card).

Only complete the details for that type of payment - Leave other payment type section blank and move on to Section 6

### Credit Card

- ☐ I wish to pay using Credit Card.

Please present your completed form to Student Support staff on your local campus and complete your payment of fees.

If you are unable to attend your local Campus you can request a call from the Office of Student Records for payment options.

- ☐ I request the Office of Student Records to contact me via phone.

### EFTPOS

- ☐ I wish to pay using EFTPOS.

Payments of this type will only be accepted in person, on campus.

Please present your completed form to Student Support staff on your local campus and complete your payment of fees.



## 6. DECLARATION

The Australian College of Natural Medicine Pty Ltd (ACNM) trades as Endeavour College of Natural Health. The Australian College of Natural Medicine Pty Ltd (ACNM) no longer trades as FIAFitnation. For the purpose of this document, any reference to 'College' or 'the College' should be considered a reference to each or any of these respective trading names.

I (the undersigned), understand that:

- ☐ The College is collecting the information on this form to successfully and accurately process my request.
- ☐ The College will not otherwise disclose the information without my consent unless required or authorised by law.

**PRIVACY:** For details of College practices regarding student information and privacy see

<https://www.endeavour.edu.au/about/policies-procedures-and-forms>

I (the undersigned), declare that:

- ☐ The information provided within this form is true, correct and complete in every respect.
- ☐ I have completed the Subjects / Units of Study relevant to the Subject / Unit of Study Outlines I have requested.
- ☐ I am the student to which this document refers, **OR**
- ☐ I am legally authorised to act on behalf of the student whose details are stated within this document:

Name of Legal Representative:

Signature

Date