

## APPLICATION FOR COURSE COMPLETION

### WHEN TO SUBMIT THIS FORM

You should submit this form by **10 December 2018**.

### 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, Professional Experience, Industry Experience, Coaching/Officiating accreditation requirements, etc. 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:

Street Number and Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State \_\_\_\_\_ Postcode: \_\_\_\_\_

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

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

#### I expect to complete my course

Mid-Year 2018       End-of-Year 2018       End of Summer School 2019

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](mailto: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