Sydney City College of Management Pty Ltd (SCCM) ABN: 89 606 547 611, CRICOS Provider: 03620C, RTO: 45203 Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150

Telephone: +61 2 8872 0435 Email: studentsupport@sccm.edu.au Website: www.sccm.edu.au



Student Support Request Form

This form is to be completed by the student when requesting support services. Please complete all fields and email this form to Student Services at studentsupport@sccm.edu.au. Once this form is assessed and need is determined, the Student Services Manager will contact you to make an appointment within five working days of the receipt of this request.

STUDENT DETAILS								
Student Name								
Course Title			Student ID					
Email			Mobile					
TYPE OF SUPPORT REC	QUIRE	D (Please tick which support servi	ice/s you require)					
☐ Academic Support	☐ LLN Support ☐		☐ Disabili	Disability Support				
☐ Counselling Support	□ F	Facilities and Resources Support	☐ Legal Se	ervices Support				
☐ Health and Safety Support		Other, please specify						
Please explain what will satis	sfy you	r support request						
Student Signature			Date					
OFFICE USE ONLY								
Support Discussed with Stud	lent	□ Ye	es	□ No				
Support Granted By (Name & Position)			Date (granted				
CEO/PEO Notified		□ Ye	es	□ No				
Other Stakeholders Notified								
Details of Support Provided								
Processed By								
Signature			Date					

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