



# 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](mailto: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

<b>Student Name</b>			
<b>Course Title</b>		<b>Student ID</b>	
<b>Email</b>		<b>Mobile</b>	

## TYPE OF SUPPORT REQUIRED *(Please tick which support service/s you require)*

<input type="checkbox"/> Academic Support	<input type="checkbox"/> LLN Support	<input type="checkbox"/> Disability Support
<input type="checkbox"/> Counselling Support	<input type="checkbox"/> Facilities and Resources Support	<input type="checkbox"/> Legal Services Support
<input type="checkbox"/> Health and Safety Support	<input type="checkbox"/> Other, please specify _____	

## Please explain what will satisfy your support request

<b>Student Signature</b>	<b>Date</b>
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## OFFICE USE ONLY

<b>Support Discussed with Student</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Support Granted By (Name &amp; Position)</b>	<b>Date granted</b>	
<b>CEO/PEO Notified</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other Stakeholders Notified</b>		
<b>Details of Support Provided</b>		
<b>Processed By</b>		
<b>Signature</b>	<b>Date</b>	