



**WELLPARK**  
College of Natural Therapies

## REQUEST FOR ACADEMIC RECORDS FORM

To apply for Academic Records, outside of the normal annual timeframe, submit the completed Request for Academic Records Form via email to Reception. The completed Form must be accompanied by a copy of photo identification verified by Wellpark College Reception or JP, student's full legal name, Wellpark College student ID, qualification completed, or dates of study. No verbal requests are accepted.

**Academic Record (Unofficial):** Unofficial records of academic achievement at Wellpark College to date includes though is not limited to: feedback about individual students' assessment within 4 weeks of the assessment date (Please note: 4 week marking turnaround does not apply to Extensions, Late Submissions or incorrect submissions, RESIT/Resubmissions or Learning Contracts), and records of programme(s) enrolled in, name of student, grades for each course, date printed, statement that this is not an official academic transcript; printed on Wellpark College templates; given to students 8 weeks after the end of each academic year via email, sent by Faculty Support, or additionally, as requested by students, with a charge of \$25.

**Academic Transcript (Official):** This document is the official record of each student's final results at Wellpark College; includes qualification enrolled in, full legal name of student, grades for each course, withdrawals, deferrals, Recognition of Prior Learning, Recognition of Current Competence, Credit Transfers, and Cross Credits; printed with Wellpark College branding and Signed by the Programme Leader; given to students at or after graduation or additionally, as requested by students, with a charge of \$25. Please note: Students must apply to graduate using a Graduation Application Form, see Student Handbook for details.

**Qualification Certificate:** Official certificate for qualification achieved at Wellpark College; states qualification achieved, level and length of programme, date of completion, students full legal name; printed on card with Wellpark College branding and seal, and signed by the Programme Leader and Principal; is presented at graduation, or may be picked up at Reception after graduation on request. Additionally, also as requested by students using the Request for Academic Records Form, a Qualification Certificate may be reprinted through completion of the Request for Academic Records Form with a charge of \$50. Please note: Students must apply to graduate using a Graduation Application Form, see the Student Handbook for details.

**PLEASE COMPLETE ALL SECTIONS: Incomplete requests forms will not be processed.**

**STUDENT NAME** ..... **WP STUDENT ID** .....

**DATE:** ...../...../.....

Indicate the document you are requesting:

**Academic Record (Unofficial):**                **YES**        **NO**

May be sent through email - please supply email.

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**Academic Transcript (Official):**                **YES**        **NO**

May be picked up from Wellpark College Reception or, for posted for domestic and international students (Additional charges apply). This document may not be emailed.

**Qualification Certificate**                        **YES**        **NO**

May be picked up from Wellpark College Reception or, for posted for domestic and international students (Additional charges apply). This document may not be emailed.

I have attached a valid photo ID or a photocopy signed by a Justice of the Peace:                **YES**        **NO**

I have attached proof of fee payment, please indicate amount:                                        **YES**        **NO**

**Wellpark College qualification completed, or dates of study.**

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**How would you like to receive the documentation - pick up from Reception or post?**

If Reception, please advise the date you will come to Reception

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If Post, please advise us of accurate and most recent address (Wellpark College cannot be responsible for the arrival or due date of arrival of any post.

Name .....

Address line 1 (street and number) .....

Address line 2 (Suburb and City) .....

Postal Code .....

Country .....

**ADMINISTRATION ONLY**

RECEPTION OR FACULTY SUPPORT                      DATE RECEIVED                      ...../...../.....

FILEMAKER CHECKED WITH PROGRAMME LEADER

PROGRAMME LEADER CHECKED                      DATE CHECKED                      ...../...../.....

PROGRAMME LEADER SIGNATURE                      .....

PRINCIPAL APPROVED                      DATE APPROVED                      ...../...../.....

PRINCIPAL SIGNATURE                      .....

NEW DOCUMENT PRINTED, SIGNED BY PROGRAMME LEADER AND SENT BY FACULTY SUPPORT

FACULTY SUPPORT SIGNATURE                      .....

DATE COMPLETED                      ...../...../.....

DATE DOCUMENTATION POSTED OR RETRIEVED                      ...../...../.....