



Hays International College

CRICOS Number: 02790D Provider Number: 21838

COMMENCEMENT FORM

(STUDENT TO COMPLETE THIS FORM IN **BLOCK LETTERS**)

FAMILY NAME (SURNAME)	
FIRST NAME (GIVEN NAME)	
OTHER NAME	
HIC STUDENT ID	
UNIQUE STUDENT IDENTIFIER (USI)	
COURSE CODE	
COURSE NAME	
COURSE START DATE	
COURSE END DATE	

Residential Address in Australia:-

Building/Property Name: _____ Flat/Unit Number: _____
Street Number: _____ Street Name: _____
Suburb, locality or town: _____ State/Territory: _____
Postcode: _____ Country: _____
Telephone _____ Mobile _____

Emergency Contact Details in Australia:-

Name: _____
Relationship: _____
Telephone / Mobile: _____
Email: _____

Signature of student: _____

Date: _____

For Office Use Only:

Form Received by (initials): _____ Date: _____

Student Management System Updated by (initials): _____ Date: _____