

## STUDENT SUPPORT REQUEST FORM

### Student Personal Details

|                     |  |                           |                                                               |
|---------------------|--|---------------------------|---------------------------------------------------------------|
| Full name:          |  | Student ID:               |                                                               |
| Course Code & Name: |  |                           |                                                               |
| Email:              |  | Phone no:                 |                                                               |
| Address:            |  |                           |                                                               |
| Date of Birth:      |  | Preferred Contact Method: | <input type="checkbox"/> Email <input type="checkbox"/> Phone |

### Type of Student Support Services you are looking for:

- ☐ Academic Support
- ☐ Language, Literacy, Numeracy and Digital (LLND) Support
- ☐ Disability Support
- ☐ Safety and Health
- ☐ Counselling
- ☐ Emergency and health services
- ☐ Facilities and resources
- ☐ Feedback, Complaints and Appeals
- ☐ Legal services
- ☐ Others; Please specify \_\_\_\_\_

**Note:** Student Support officer will contact the student to make an appointment within five (5) working days of the receipt of the request form.

### Please describe your request, including what support measures would help you meet your study requirements or personal needs:

*(Please include any deadlines, accessibility requirements, or adjustments you need to participate fully in your course.)*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>Student Declaration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |           |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------|------|
| <ul style="list-style-type: none"> <li>I declare that the information provided is true, correct, and complete to the best of my knowledge.</li> <li>I understand that IIT staff may contact me to discuss my request and to arrange appropriate support measures.</li> <li>I understand that IIT will assess my request and may provide alternative support if my exact request is not feasible.</li> <li>I understand that personal information collected on this form will be managed in accordance with the Privacy Act 1988 and IIT's Privacy Policy and may be shared with the regulators where required under the ESOS Act 2000 or National Code 2018.</li> </ul> |                                                                                  |           |      |
| Student Signature: _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |           |      |
| <b>Office Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |           |      |
| Particulars                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name                                                                             | Signature | Date |
| Request received by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |           |      |
| Reviewed/Assessed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |           |      |
| Decision:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tick one:<br><input type="checkbox"/> Approved <input type="checkbox"/> Rejected |           |      |
| Request granted by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |           |      |
| <b>Details of support provided and outcome (attach another sheet if required)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |           |      |
| <input type="checkbox"/> Student contacted and support confirmed on: ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |           |      |
| <b>Student Support Officer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |           |      |
| Signature: _____ Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |           |      |