

MELBA CONSERVATORIUM ACADEMIC TRANSCRIPT REQUEST

PLEASE WRITE IN BLOCKLETTERS

YOUR NAME & ENROLMENT DETAILS		STUDENT NUMBER <small>(if known)</small>	
FAMILY NAME		FORMER FAMILY NAME <small>(if applicable)</small>	
FIRST NAME		OTHER NAMES	
DATE OF BIRTH		YEAR LAST ENROLLED	
COURSE TITLE			

YOUR CURRENT MAILING ADDRESS

STREET				
SUBURB		STATE		POST CODE
EMAIL				
PHONE		ALTERNATE PHONE		

DETAILS of ACADEMIC TRANSCRIPT(S) REQUIRED

			NUMBER OF COPIES	TOTAL COST
Year First Studied	First Copy	Subsequent Copies		
A 1994 - 2008	\$33 (incl.GST)	\$11 (incl. GST)		\$
B 1975 - 1993	\$44 (incl. GST)	\$11 (incl. GST)		\$
TOTAL AMOUNT PAYABLE				\$

Results will be retrieved from our archives. Please allow a minimum of three days for a category A and one week for a category B transcript request to be processed.

DELIVERY INSTRUCTIONS (please tick)

- Please hold for collection from Dame Nellie Melba Opera Trust offices at 45 York Street, Richmond Vic 3121
- Please mail to above address

Student Signature: _____ Date: _____

COMPLETED FORM AND PAYMENT TO BE SUBMITTED TO THE DAME NELLIE MELBA OPERA TRUST OFFICE

REMITTANCE ADVICE

MAIL: Send this completed form with your cheque made payable to the **Dame Nellie Melba Opera Trust** to: **PO Box 7258, St Kilda Road VIC 8004**

DIRECT DEPOSIT: Please ensure your transfer is clearly identified with your name and student number (if known) **Bank of Melbourne BSB 193879 Account Number 486498952**

DNMOT USE ONLY

Receipt : _____ Paid: \$ _____ Signature: _____ Date: _____

ADMINISTRATION MANAGER ONLY Transcript(s) sent: _____ (Date) By: _____ (Name)