

Academic Support Form*

(This form is for students who wish to fast-track their course)

INTERNATIONAL STUDENT

DOMESTIC STUDENT

Student Details

Student ID: Date of Birth:

Family Name : Given Name:

Email address:

Course Details

Course Name: Course Code:

Unit Name: Unit Code:

Unit Name: Unit Code:

Unit Name: Unit Code:

Modes of Study allocated to fast-track the course:

Supplementary timetable

Online study enrolment (self study)

***Please Note: The above academic support is offered to each individual student. The supplementary time allocated is upon the student's request and will result in the student studying more than 20 hours per week.**

Student Declaration

I understand that Baxter Institute reserves the right to cancel the above supplementary classes, if there are insufficient students registered to attend, or alternatively, to request for me to alter my selection according to the schedule that will be available to me. It is my responsibility to attend the supplementary classes and fulfill the self study components in order to fast-track my course. I confirm that the above selection was solely at my request and was not forced by the Institute.

Student Signature: Date:

FOR OFFICE USE

Date of submission: Trainer Signature:

Approval : Yes No Finance Department confirmation:

Approval : Yes No Academic Department confirmation:

Comments:

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