



TESTAMUR / LETTER OF COMPLETION PAYMENT FORM

This form is for students who have previously graduated and now wish to receive their Testamur or have a Letter of Completion re-issued. If you are paying by credit card please submit the form online at <http://askvu.vu.edu.au/> or post to the address listed below. If you are paying by bankdraft, bank or personal cheque please post the form to the address below or lodge in person at a Student Service Centre.

Please note that documents will not be sent until payment is cleared and the minimum processing time is 10 working days.

FAMILY NAME: _____ STUDENT ID: _____

GIVEN NAME: _____

CONTACT DETAILS

STREET NUMBER AND NAME: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

COUNTRY: _____ PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

PAYMENT DETAILS (PLEASE TICK WHAT YOU WANT TO PAY FOR - ALL PRICES LISTED ARE IN AUSTRALIAN DOLLARS (AUD))

ITEM	PRICE	TOTAL	OFFICE USE ONLY Please circle relevant code
<input type="checkbox"/> Collection of Testamur from St Albans Service Centre	Free		
<input type="checkbox"/> Postage of Testamur – Domestic (GST) – trackable within Australia	\$20.00	\$	COPH / COPT
<input type="checkbox"/> Postage of Testamur – International (Standard Airmail) (GST) - Not Trackable	\$25.00	\$	COPH / COPT
<input type="checkbox"/> DHL Overseas Courier (GST) - Trackable	\$65.00	\$	COPH / COPT
<input type="checkbox"/> Archived Testamur Fee (GST) – Award conferred more than 12 months ago	\$20.00	\$	GRATH / GRATT
<input type="checkbox"/> Re-issued Official Letter of Completion (After award conferred - \$10 each subsequent copy) (no GST)	\$15.00	\$	PLOCH / PLOCT
TOTAL	\$		

STUDENT SIGNATURE: _____ DATE: _____ / _____ /20_____

PLEASE COMPLETE THE FOLLOWING PAYMENT DETAILS IF YOU ARE PAYING BY CREDIT CARD

Enter credit card details below and tick appropriate box (PLEASE NOTE that we do not accept American Express or Diners Club cards)

NAME OF CARDHOLDER: _____ CONTACT NUMBER: _____

SIGNATURE OF CARDHOLDER: _____ AMOUNT: AUD\$ _____ CODE (OFFICE USE ONLY): _____



VISA MASTERCARD _____ STUDENT ID _____

CREDIT CARD NUMBER: ____ ____ ____ / ____ ____ ____ / ____ ____ ____ EXPIRY DATE: ____ ____ / ____ ____ CVV NUMBER: ____ ____ ____

**Note: Dispose/shred credit card number details immediately after the transaction has been approved.

CONTACT	STUDENT SERVICE CENTRES	MAIL TO	Assessment & Completions Office
Enquiries ASKVU www.vu.edu.au/askvu	City Flinders Melton		St Albans Campus
Phone +613 9919 6100	City King St Albans		Victoria University
Web www.vu.edu.au/student-life	Footscray Nicholson Sunshine		PO Box 14428
On Campus Student Service Centre	Footscray Park Werribee		Melbourne Vic 8001

PRIVACY INFORMATION: We collect your personal information in accordance with our Privacy Policy www.vu.edu.au/privacy