

Student Assistance Request Form

Student Name	
Student ID number	
Student Date of Birth/...../.....
Student email address	
Student phone number	
Course Enrolled	
Course Start Date/...../.....

Student request allocation: please tick below

<input type="checkbox"/> Student Services	<input type="checkbox"/> Academic Department	<input type="checkbox"/> Finance Department
<input type="checkbox"/> Administration Department	<input type="checkbox"/> GBC Management	<input type="checkbox"/> Other

Please give us details of assistance request below:

Student signature:

Date: .../.../.....

Office use only

Student request allocation & outcome

GBC Department Name	GBC Staff Member Name	Outcome

GBC Staff member signature:

Date: .../.../.....

Student signature:

Date: .../.../.....