



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

Student Administration
M356, 35 Stirling Highway
CRAWLEY Western Australia 6009
Phone: +61 8 6488 3235
Fax: +61 8 6488 1083
www.studentadmin.uwa.edu.au
www.uwa.edu.au/askuwa
CRICOS Provider Code: 00126G

**GRADUATION CEREMONY
REQUEST FOR GRANTING
VISA LETTER**

Student ID

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Family Name: _____ **Address:** _____

Given Name: _____

Telephone: _____ **Postcode:** _____

Please submit your application to graduate in studentConnect before submitting this form. Payment details are required at the time of lodging your request. Your visa letter will be available **two (2) working days from receipt of your request.**

Please indicate below how you would like to obtain your visa letter

- | | |
|--|---|
| <input type="checkbox"/> Collect \$30 from the Enquiry Counter, Student Administration (Student Central). Ready in 2 University working days from 12pm. | <input type="checkbox"/> Email \$30
<i>Your letter will be sent to your student email</i> |
| <input type="checkbox"/> Express 3 Hour Service \$50 | <input type="checkbox"/> Courier overseas \$55 (\$30 letter plus \$25 postage fee) |
| <input type="checkbox"/> Mail \$40 (\$30 letter plus \$10 Registered Post Australia) | |

Who is this letter for? Myself My two guests Myself and my two guests

Please print the full names of your TWO guests below.

(i) _____ (ii) _____

Note: If you require a letter for more than 2 guests, please print their names below.

Due to limited seating in Winthrop Hall we can only guarantee **two guest tickets per graduand**. If you require extra guest tickets, you can purchase a "Graduation / Live-streaming and refreshments package" for up to five extra guests via the Graduation Website.

I request that the University provide me with a letter to assist myself and/or my guests to obtain a visa/visas to travel to Australia to attend my graduation ceremony.

Signature: _____ Date: / /

OFFICE USE ONLY (Proceed to payment below)

Paid: \$ _____	Date Sent: _____	Applicants Signature: _____
Receipt No. _____	MB: _____	Date Collected: _____
		ID Sighted: _____

Payment Details

<input type="checkbox"/> EFTPOS - To be paid in person when lodging your form	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<input type="checkbox"/> Credit Card →	CARDHOLDER'S FULL NAME: _____
Amount Payable \$ _____	CARD NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	EXPIRY DATE (MM/YY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	CARDHOLDER'S SIGNATURE: _____