

# APPLICATION FOR ADVANCED STANDING NEGOTIATION AND DISPUTE RESOLUTION

## PERSONAL DETAILS

Student Number:

Student Name:

## COURSE DETAILS

Course Code:

## TYPE OF ADVANCED STANDING

I wish to apply for Advanced Standing in Negotiation and Dispute Resolution

Name of institution or course provider:

Date completed:

Title of course and/or subject number:

Length of course:

## EVIDENCE PROVIDED

I attach evidence of satisfactory completion of the course upon which I rely (e.g. copy of academic transcript)

Signature of Applicant\*:

Date:

\* Please print this form and sign it prior to returning it.

## RETURN FORM TO:

**Email:** [support@collaw.edu.au](mailto:support@collaw.edu.au)

**Fax:** +61 2 9436 1265

**Post:** PO Box 2, St Leonards NSW 1590

## OFFICE USE ONLY

Checklist:

Date Received:

Evidence Attached:  Y  N

Student Notified:  Y  N

Referred to Director for approval:  Y  N

Director approval:  Y  N

Notes:

Date referred: