

OFFICE USE ONLY

Please note that all evidence of document/s must be sighted and stamped as “Originals Documents Sighted” and the correct date. Please state your name on the evidence of documents/s.

Received by Reception

Name _____ **Date:** / / 2020

Outcome: Approved Not Approved No release letter required

Reason/s not approved: (if applicable)

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Name: _____

Signature: _____ **Date:** / / 2020

Action required:

- PRISMS - eCOE cancelled Academic Department advised
- Refund processed (if applicable) Database updated Invoice cancelled (if applicable)