## Replacement Award, Archived Award and Award Not Received



Student Number						
Award Details						
Degree 1					Year	
Degree 2					Year	
Personal Details						
Title			Da	ate of birth	/   /	
Family name						
Given names						
Telephone:						
Email						
Application require	rements					
Declaration	e issued 6 weeks after particles and the require	ayment received.	tion form. I certify that	all information is corr	ect.	
Student signature				Date		
Application forms not	signed by the Student	will not be accepted.				
Signed statutory de	eclaration attached	YES	NO			
For office use only:	Receipt number:			Entered FM:		
	Award number:			Entered S1:		
	Conferral date:		Replacem	ent conferral date:		
	n Australia) ees at /special_proc_fees.cfm	Ve your award certificate Courier (international)  Once the Graduatic for processing (Plea	Collect (Graduati	ons Office Bentley campus your application, you will urrent telephone number a	) be contacted via email to mak nd address is included on this	ke payment form).
Fax: +61 8 9266 Mail: Graduation Curtin Univ GPO Box U Perth 6845  Electronic or emailed application	s Office ersity J1987					

## Western Australia

# Oaths, Affidavits and Statutory Declarations Act 2005 Statutory Declaration

Ι,	nar	ne of person making declaration
of	add	dress of person making declaration
occupation	occ	upation of person making declaration
sincerely declare that I completed my:		
Doctor of:	in: (	(year) at WAIT / Curtin
Master of:	in: (	(year) at WAIT / Curtin
Postgraduate Diploma in:	in: (	(year) at WAIT / Curtin
Graduate Diploma in:	in: (	(year) at WAIT / Curtin
Graduate Certificate in:	in: (	(year) at WAIT / Curtin
Bachelor of:	in: (	(year) at WAIT / Curtin
Associate Degree/Diploma in:	in: (	year) at WAIT / Curtin
I request a Replacement Award. I hereby declareturn the document to the University.  This declaration is true and I know that it is an offalse in a material particular.  This declaration is made under the <i>Oaths, Affice</i>	offence to make a declaration	n knowing that it is
At		place
On		date
Ву		Signature of person making the declaration
In the presence of	Signature of authorised witnes  Name of authorised witness  Qualification as such a witnes  Job Title	
	Employer	Stamp (if available)

Workplace Address

# \*Important - This Declaration must be made before any of the following persons:

Academic (post-secondary institution)	Local government councillor		
Accountant	Loss adjuster		
Architect	Marriage Celebrant		
Australian Consular Officer	Member of Parliament		
Australian Diplomatic Officer	Minister of religion		
Bailiff	Nurse		
Bank Manager	Optometrist		
Chartered secretary	Patent Attorney		
Chemist	Physiotherapist		
Chiropractor	Podiatrist		
Company auditor or liquidator	Police officer		
Court officer (magistrate, registrar or clerk)	Post Office manager		
Defence Force officer	Psychologist		
Dentist	Public Notary		
Doctor	Public Servant (State or Commonwealth)		
Electorate Officer (State – WA only)	Real Estate agent		
Engineer	Settlement agent		
Industrial organisation secretary	Sheriff or deputy Sheriff		
Insurance broker	Surveyor		
Justice of the Peace (any State)	Teacher		
Lawyer	Tribunal officer		
Local government CEO or deputy CEO	Veterinary surgeon		

Full descriptions of these professions are available via the following website link <a href="http://www.courts.dotag.wa.gov.au/">http://www.courts.dotag.wa.gov.au/</a> files/Professions witness statutory declarations.pdf

#### Or

any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.

Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing - Schedule 2, item 231 of the *Statutory Declarations Regulations 1993 (Commonwealth)*.

Further information on witnessing documents is available at <a href="https://www.courts.dotaq.wa.gov.au">www.courts.dotaq.wa.gov.au</a>.