



Lois Reid College of Counselling Studies

Armidale Diocese Anglican Counselling Training Service Inc

Unit Exit Report

Please use a black pen

Name: _____

Postal Address: _____

Day Time Phone: _____

Name of Unit Completed: _____ Number: _____

<input checked="" type="checkbox"/>	Please send me a Certificate of Completion for the above unit as I have fulfilled the requirements of LRCCS as follows:	Office use only
<input type="checkbox"/>	I have completed the required assignments and/or exam	
<input type="checkbox"/>	I have sent in the required photocopy request forms (to comply with legal regulations)	
<input type="checkbox"/>	I have returned photocopied articles and cassettes	
<input type="checkbox"/>	I have returned library books to local collection	
<input type="checkbox"/>	I have returned library books to Tamworth collection	
<input type="checkbox"/>	I have no outstanding fees	
<input type="checkbox"/>	This is my final Unit at this Level and I have included my Prac Chits for this Level	

Signature: _____ Date: _____

To accompany your final assignment for the unit

The next unit I would like to enrol in is: _____

Enrolment forms will be forwarded to you ASAP. If you are unable to enrol within 4 weeks, please contact the Principal re extension of time.

OFFICE USE ONLY

Date Finalised: _____ Unit Assessment: _____

Comments:



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