<Student ID Number>

<Date issued>

TO WHOM IT MAY CONCERN

This is to certify that *<Student full name>* (Date of Birth *<dd/mm/yyyy>*) is currently enrolled at the University of the Sunshine Coast in the *<Program name>*. The Program Code is (*<Program code>*). The duration of this program is *<number>* years full-time or equivalent part-time.

Our records indicate that *<Student first name>*:

- Commenced study in this program in *<Commenced study period and year>*;

- Is currently enrolled in *<Number>* course(s) with an EFTSL value of *<EFTSL value>* in *<Current study period>*;

- Each 12 unit course represents an approximate workload of 10-12 hours study time per week, including both contact and non-contact hours;

- At USC a 12 unit course is .125 EFTSL, an enrolment of .375 EFTSL and above is considered full-time;

- *<Current study period>* will commence on *<Commencement date>* and is due to finish on *<Last date>*;

- All courses are undertaken on campus.

Please do not hesitate to contact Student Administration on (07) 5430 2890 should you require any further information.

Yours sincerely

<Issued staff name>

**Enrolment Assistant
Student Services and Engagement
University of the Sunshine Coast
CRICOS Provider Number 01595D**