



Student Administration Centre

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# Cross Institutional Study

Surname:	Student Number:
Given Names:	
Address for Correspondence:	
Email:	Phone:
Degree Enrolled:	

**Instructions:**

Please include information regarding the unit of study you would like to take and at which institution. Attach a copy of the unit outline. Your Program/degree co-ordinator must sign and approve the cross-institutional unit and then you will submit this form to the other institution, please also notify the Student Administration Centre on Level 2 of the Wilkinson Building so that we can keep a copy on your file.

Details (include unit of study details, duration, institution)		
UoS Code	UoS Sem	UoS Title
Student's Signature:		Date:

Program Coordinator Comment / Approval:	
Signature:	Date: