



Semester 1, 2012

RE-ENROLMENT COURSEWORK APPLICATION

CLOSING DATE: Wednesday November 30th

Name: _____ SID: _____

I seek to re-enrol in the Degree: _____

I was last enrolled in the year: 20 _____

PERSONAL DETAILS: *Please complete all applicable details*

Title: _____ Surname: _____ Given Names: _____

Gender: _____ Date of Birth: _____ Student Number: _____

Previous Names (attach documentary evidence): _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Email Address*: _____

**Notification of the outcome of your application will be via email - please print clearly*

Mobile: _____ Other phone: _____

RESIDENCY: Please select the appropriate box regarding your residency status

Are you currently a: Australian Citizen? New Zealand Citizen?

Permanent Resident of Australia?

If you are a permanent resident of Australia, please indicate the date your visa was granted (if it was granted in Australia) otherwise, the date you landed in Australia with this visa: _____

Please note that all NEW applicants must provide the following documentary evidence of this information: a certified copy of your birth certificate OR certified copies of relevant pages from your passport.



EXCLUSION:

Have you ever been:

- | | YES | NO |
|---|--------------------------|--------------------------|
| (a) excluded or suspended for any reason from a course at a University or other institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) asked to show cause why your enrolment in any course should not be suspended or terminated? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) asked to explain unsatisfactory progress in any course? | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate the ATSI category that applies to you:

- | | | | |
|---|--------------------------|---|--------------------------|
| Neither Aboriginal nor Torres Strait Islander | <input type="checkbox"/> | Of Torres Strait Islander origin | <input type="checkbox"/> |
| Of Aboriginal origin | <input type="checkbox"/> | Of Aboriginal and Torres Strait Islander origin | <input type="checkbox"/> |

DECLARATION:

I declare that the information submitted is correct and complete, and I understand that the University may obtain official records from any university of other tertiary institution previously attended by me. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information. ***I understand that this is not an enrolment form, rather an application to apply for admission. I understand that if the information requested is not provided my application will not be considered.***

Signature: _____ Date: _____

Faculty Office use only			
APPROVED <input style="width: 50px; height: 20px;" type="checkbox"/>	NOT APPROVED <input style="width: 50px; height: 20px;" type="checkbox"/>		
_____ Signature of Faculty Office		_____ Date	
DEGREE CODE <input style="width: 100px; height: 20px;" type="text"/>	DEPARTMENT CODE <input style="width: 100px; height: 20px;" type="text"/>		
HECS CODE <input style="width: 100px; height: 20px;" type="text"/>	ENROLMENT FORM ORDERED <input style="width: 100px; height: 20px;" type="text"/>		
INITIAL <input style="width: 100px; height: 20px;" type="text"/>	VARIATION COMPLETED <input style="width: 100px; height: 20px;" type="text"/>		