LOCAL UNDERGRADUATE RE-ADMISSION
Application

INSTRUCTIONS

• This form should be returned **TWO MONTHS** before your intended return to study.
• This form is to be completed by **Local Students only** returning after an approved Suspension.
• All fields must be filled in correctly.
• **International Students must not use this form.** International students fill in the web form located here: [http://sydney.edu.au/internationaloffice/forms/return.shtml](http://sydney.edu.au/internationaloffice/forms/return.shtml)

A: STUDENT DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td>__________________________</td>
</tr>
<tr>
<td>Given name</td>
<td>__________________________</td>
</tr>
<tr>
<td>SID</td>
<td>__________________________</td>
</tr>
<tr>
<td>Street Address</td>
<td>____________________________________</td>
</tr>
<tr>
<td>Suburb</td>
<td>______ State: ______ Postcode: ______</td>
</tr>
<tr>
<td>Mobile/Telephone</td>
<td>__________________________</td>
</tr>
<tr>
<td>Uni Email</td>
<td>__________________________</td>
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<tr>
<td>Degree</td>
<td>__________________________</td>
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B: RE-ADMISSION DETAILS

I wish to be re-admitted after an absence into the following Bachelor’s degree:

Bachelor of: __________________________

I wish to recommence my studies in:

- [ ] Semester 1
- [ ] Semester 2

I would like to be admitted to study:

- [ ] Full-time
- [ ] Part-time

I was previously admitted in a:

- [ ] HECS place
- [ ] Fee-Paying place

C: DECLARATION

Please indicate that you accept all the conditions set out below by ticking all the boxes and signing this declaration:

- [ ] I understand that completion of this form does not constitute an enrolment.
- [ ] I understand that, if approved, I will need to fill out new enrolment forms at the Faculty office before I am officially enrolled.
- [ ] I certify that I have read and understand the instructions on this form.
- [ ] I certify that all the information supplied by me on this form is complete and correct.

SIGNATURE: __________________________

DATE: ________________
You will be notified in writing of the outcome of this application. Processing takes a minimum of 4 weeks.