

Registration Form (Semester 2)

Academic Writing and Study Skills

Family name _____ First name _____ Student number _____

Address _____ Postcode _____

Tel (Home) _____ Tel (Work) _____ Mobile _____

Email address _____

Program details

Arts and Social Sciences Business Science, Health and Education Combined

Name of degree program (eg Bachelor of Social Science) _____

Are you a Tertiary Preparation Pathway student? Yes No

Are you a Headstart (High school) student? Yes No

Are you from a non-English speaking background? Yes No

Are you an International or Study Abroad student? Yes No

If yes, country of origin _____

Highest level achieved in high school (eg Year 10)? _____ Year left secondary school (eg 2004)? _____

What benefits do you hope to gain by attending the Academic Writing and Study Skills workshop? _____

I will be attending the Academic Writing and Study Skills course 13–17 July, 9am–12noon, LT4, Building I.

Signature _____ Date _____

The Planning Officer may use information provided on this form for statistical purposes.

Please return completed form to Student Services:

Ground Floor, Building C
University of the Sunshine Coast
90 Sippy Downs Drive
Sippy Downs

Postal address:
Student Services
University of the Sunshine Coast
Maroochydore DC Qld 4558

Fax: +61 7 5430 2882
Tel: +61 7 5430 1226