



### PROGRAM DETAILS

Please indicate the year you wish to commence (eg. 2007): Semester 1

Mode of Study: Full-time  Part-time

### DOCUMENTARY EVIDENCE

Please send documentary evidence of your qualifications for this form, specifically, an official certified statement of your academic record in all tertiary studies undertaken to date. Separate examination slips or copies of degree certificates are not acceptable. Photocopies of official statements/documentation should be certified by a Justice of the Peace or relevant certifying authority. If you are awaiting finalisation of results please forward official results and, where applicable, evidence of completion of your program as soon as possible as they are available.

### TERTIARY AND TECHNICAL LEVEL INCLUDING PREPARATORY/BRIDGING STUDIES

If you have ever undertaken tertiary or technical level studies show ALL attempts made at these studies. Please attach a certified copy of your official record of results in all subjects undertaken and of your award certificate(s) where applicable.

Years undertaken (2004 to 2006)		Name of Program/Award	Institution	Course Completed	
From	To	(eg Bachelor of Arts / Bachelor of Science)	(eg University of the Sunshine Coast)	YES	NO

Have you ever been refused permission to continue your studies in any course? YES  NO

If "YES", indicate: (i) Year(s) \_\_\_\_\_ (ii) Institution \_\_\_\_\_

(iii) Grounds for refusal (eg record of failure) \_\_\_\_\_

### ENGLISH PROFICIENCY

Is English your first Language? YES  (If YES, please continue to the next question – Support Services)  
NO

Applicants who have completed their studies in a language other than English need to send evidence of their proficiency in English by providing a certificate of English proficiency obtained in the last 12 months (eg IELTS, TOEFL or ISLPR). Applicants who have undertaken studies in a country where English is not the first language but have successfully completed studies at an institution where English was the medium of instruction, need to provide full documentation confirming this medium of instruction if they wish to avoid undertaking a test of English language proficiency.

### SUPPORT SERVICES

(This information is used in a confidential manner by the Disability Support Officer to assist you in accessing support

Do you have a disability, impairment or long term medical condition that may affect your studies? YES  NO

If "YES" please indicate the area of impairment by placing a tick in the appropriate box.

Hearing  Learning  Mobility  Vision  Medical  Other



**ADMISSION STATISTICAL DETAILS** (This information is required by the Commonwealth Government)

Answer all questions by placing a tick in the appropriate boxes and indicate the most recent year of enrolment if 2 or 3 is ticked. You should assume success in current studies. Have you ever completed any of the following:

	Never commenced	or	Commenced but not expected to complete this year	or	Completed or expect to complete this year	in	Most recent year of enrolment (if 2 or 3 is ticked)
a) Postgraduate course(s) of any type?	1 <input type="checkbox"/>	or	2 <input type="checkbox"/>	or	3 <input type="checkbox"/>	in	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b) Bachelor's degree course(s)?	1 <input type="checkbox"/>	or	2 <input type="checkbox"/>	or	3 <input type="checkbox"/>	in	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c) Associate Degree, Advanced Diploma or course(s) at an institution other than a TAFE college?	1 <input type="checkbox"/>	or	2 <input type="checkbox"/>	or	3 <input type="checkbox"/>	in	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d) Associate Degree, Advanced Diploma or Diploma course(s) at a TAFE college?	1 <input type="checkbox"/>	or	2 <input type="checkbox"/>	or	3 <input type="checkbox"/>	in	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e) TAFE award course(s) other than the above? (do not count secondary education, or hobby/recreation/leisure or personal enrichment courses?)	1 <input type="checkbox"/>	or	2 <input type="checkbox"/>	or	3 <input type="checkbox"/>	in	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Never commenced or incomplete and do not expect to complete this year		Completed or expect to complete this year				Year of completion/expected completion (if 2 is ticked)
(f) Year 12/matriculation at high school, secondary school or secondary college?	1 <input type="checkbox"/>	or	2 <input type="checkbox"/>	in	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
(g) Year 12/matriculation at another institution (eg external study, 'night school', private study college)?	1 <input type="checkbox"/>	or	2 <input type="checkbox"/>	in	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
(h) Some other qualification or certificate of attainment or competence which may be recognised for tertiary entrance?	1 <input type="checkbox"/>	or	2 <input type="checkbox"/>	in	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

How did you hear about this program:

Television  Radio  Newspaper  USC Staff Member  Word of Mouth  Website  Other

Please advise details (eg. Tuesday's Australian)

**CHECKLIST**

An application can be processed quickly if you have taken the actions listed below.

- Completed all sections
- Included certified copies of your academic qualifications documentation
- Included an Application for Advanced Standing, with supporting documentation if applying for advanced standing (credit for past studies). This form is available at <[www.usc.edu.au/Students/Handbook/RulesPolicies/AdvStanding/Apply.htm](http://www.usc.edu.au/Students/Handbook/RulesPolicies/AdvStanding/Apply.htm)>
- Attached a resume
- Attached reasons for applying / personal statement and included information about relevant work experience
- Sent your referee reports to your nominated referees.
- Signed the Declaration below

**DECLARATION**

I have read the University's statement on privacy and the purposes for which my personal information will be used (available at <http://www.usc.edu.au/privacyplan>). I agree to be bound by the statutes, policies, guidelines and rules of the University amended from time to time and agree to pay all fees and charges directly arising from my enrolment. I consent to receiving information electronically and agree to access the correspondence of my University email account on a regular basis and to maintain current mailing address details on SOLAR.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY – FACULTY**

Decision by Faculty                      Approved                       Not Approved

Completed Undergraduate Degree

Other (please specify)  \_\_\_\_\_

Basis of Admission  31 (Previous degree)

Program Coordinator's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean / Dean's Delegate's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADVANCED STANDING ADVICE**

If studies from more than one institution have been considered, please indicate the institution from which the majority of Advanced Standing was awarded (required for DEST reporting purposes). Please give specific USC course code and code for each Advanced Standing to be awarded.

Advanced Standing granted: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Major source of Advanced Standing (eg. RMIT): \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY – STUDENT ADMINISTRATION**

Has the applicant met the English language proficiency requirement?

Not applicable       Satisfied \_\_\_\_\_       Not Satisfied   
 (Basis on which proficiency in English is satisfied)

Academic Level Completed \_\_\_\_\_

Comments \_\_\_\_\_

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Application entered	Admit & BASAD	Advanced Standing processed	SOLAR Password created	Acknowledgment/early offer letter sent	Offer package sent	Action staff

Follow up required:

\* Accreditation: Submitted to APAC

**SUBMIT TO:**  
**Professor Mary Katsikitis**  
**Faculty of Arts and Social Sciences**

Return address:  
 Faculty of Arts and Social Sciences  
 University of the Sunshine Coast  
 Maroochydore DC QLD 4558



## Master of Psychology (Clinical) Referee Report I

**For Academic Referee:** Please comment on the applicant's performance which you have observed during for example supervision, assessment, thesis research. Please also comment on applicant's suitability to undertake and complete a postgraduate course with regard to placement, research and coursework.

**For Professional Referee:** Please comment on the applicant's suitability to practice as a Clinical Psychologist. Please also comment on the applicant's performance which you may have observed with regard to supervision, provision of psychological focussed strategies and/or research.

**Name of Applicant** \_\_\_\_\_

I am producing an academic referee report Yes  No

I am producing a professional referee report Yes  No

**Referee Details**

<b>Title</b>	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	<b>Name of Referee</b>
	A/Prof <input type="checkbox"/>	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>		

<b>Contact Telephone Numbers:</b>	<b>Business Hours</b>	<b>After Hours / Home</b>
	Mobile	

**Institutional Name and Address**

\_\_\_\_\_

Postcode

**Professional Relationship to Applicant** (Research supervisor, Examiner of Honours Thesis, Lecturer, Placement Supervisor etc)

\_\_\_\_\_

**Referee Report**  
 Attach Additional Information if Necessary

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please rate the applicant's suitability to undertake and complete a Postgraduate Masters of Psychology (Clinical) course.

1. Highly recommended     2. Recommended     3. Suitable     4. Not Suitable

