

Registration Form (Semester 1)

Academic Writing and Study Skills Course

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 Tertiary Preparation Pathway

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

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 Course? _____

Which Academic Writing and Study Skills course will you be attending?

Course A: 1–5 February 9am–12noon LT1

Course B: 8–12 February 9am–12noon LT7

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

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