APPLICATION FOR CROSS-INSTITUTIONAL STUDY

INSTRUCTIONS FOR APPLICANTS

- This form is for use by domestic applicants seeking to undertake individual courses at the University of the Sunshine Coast for advanced standing / credit towards an award program at another Commonwealth-funded tertiary institution.
- If you are an International Student, please do not use this form. Contact USC International: Tel: +61 7 5430 2843 or Email: study@usc.edu.au
- Use BLOCK LETTERS and tick ☑ boxes.

1. PRIOR CONTACT WITH USC

Have you previously applied for, or undertaken a program at USC?

☐ No ☐ Yes – if Yes, year of last enrolment: ___________

Provide USC student ID number (If known):

2. PERSONAL DETAILS

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _______
Surname/family name: ____________________________
First given name: _______________________________
Second given name: ______________________________

Has your name changed since you last studied? ☐ No ☐ Yes

If Yes, provide documentary evidence and your previous name:

Previous family name: ____________________________
Previous given name: ______________________________

Date of birth: DD / MM / YYYY

Country of birth: ____________________________

Gender: ☐ Male ☐ Female

3. CONTACT DETAILS

Mailing address

Number and street / PO Box: ____________________________________________________________

Town or Suburb: ____________________________ State: ____________________________ Postcode: ____________________________

Permanent residential address ☐ As above

Number and street: ________________________________________________________________

Town or Suburb: ____________________________ State: ____________________________

Postcode: ____________________________ Country: ____________________________

Telephone and email details

Telephone number: ____________________________ Mobile phone number: ____________________________

Email address: ____________________________

4. PERSONAL STATISTICAL DETAILS

- Please tick applicable box:
  ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Not applicable

- What is your residency status in Australia? Tick one of the following:
  ☐ Australian Citizen
  ☐ New Zealand Citizen (or diplomat or consular representative)
  ☐ Possess a permanent resident visa (excluding New Zealand citizens)
  ☐ Possess a permanent humanitarian visa

- If not born in Australia, what year did you arrive in Australia? ________________
Disability support and services
USC has staff and services available to assist and support students with a disability. If you would like information about accessing these services please contact the Disability Services Officer on +61 7 5430 1226 or email disabilitysupport@usc.edu.au

5. PROPOSED STUDY PERIOD, LOCATION AND ENROLMENT DETAILS

Note: Separate applications must be submitted if you want to study in more than one study period.

- Proposed semester/session/trimester of commencement:
  - [ ] Semester _________ or [ ] Session __________ or [ ] Trimester ______________, 20________(Year)

- Which location are you intending to study at?
  - [ ] Sippy Downs  [ ] Noosa  [ ] South Bank  [ ] Gympie

- Provide details of the course(s) you wish to enrol in:
  - Ensure that the course you wish to take is offered in the study period in which you plan to enrol. Course details, including days, times and locations can be obtained from the semester/session timetable at: www.usc.edu.au/timetables
  - Please indicate your preferred lecture, tutorial and/or laboratory/workshop class numbers for each course. You must provide more than one timetable option for each class in the event that your first preference is unavailable.

<table>
<thead>
<tr>
<th>Course code</th>
<th>Course title</th>
<th>Lecture class number</th>
<th>Tutorial class number</th>
<th>Laboratory, workshop class number (if relevant)</th>
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6. ENTRY QUALIFICATIONS

Note: Approval is considered on the basis of qualifications presented with your application and availability of places in your chosen course(s).

<table>
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<tr>
<th>Name of Award / Qualification</th>
<th>Institution / School</th>
<th>Did you complete?</th>
<th>Year completed or last year enrolled</th>
<th>Language of instruction</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor of Science</td>
<td>University of the Sunshine Coast</td>
<td>Yes</td>
<td>2006</td>
<td>English</td>
<td>Australia</td>
</tr>
</tbody>
</table>

- DOCUMENTARY EVIDENCE

Please send documentary evidence of your qualifications with this form, specifically:

- An official, certified statement of your academic record for tertiary studies undertaken to date. Photocopies of official statements / documentation must be certified by a Justice of the Peace or relevant certifying authority.
- If you are waiting on finalisation of results please forward official results as soon as they are available.

Note: This application will NOT be considered unless supporting documentation is submitted.
**APPLICATION FOR CROSS INSTITUTIONAL STUDY**

**7. DECLARATION**

I agree to obey the policies, guidelines and rules of the University of the Sunshine Coast as far as they may apply to me. I declare that the information supplied herein is true and complete. I authorise the University to obtain official records from any other educational institution previously attended by me, and acknowledge that the University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. Where necessary, QualSearch will be engaged to access this academic information. I understand that the University of the Sunshine Coast is not responsible if any educational body/institution does not supply these records. I understand that the results of the search will be made available to me on request and that an audit of this authority may also be undertaken. If any information is discovered to be untrue or misleading in any respect I understand that the University may collect, store and disclose this information to Universities Australia and Universities Australia member institutions and any other relevant authority.

Applicant signature: _________________________________  Date: ______________________________

**8. HOME INSTITUTION APPROVAL**

Applications will NOT be considered until approval from your home institution has been supplied.

Applicants for Cross-institutional study at University of the Sunshine Coast must ensure that their home institution completes this section.

**CONFIRMATION OF STUDENT CONTRIBUTION RATE**

To be completed by the Fees officer or equivalent

I confirm that this student is currently enrolled as a Commonwealth supported student  Yes  No

If yes, please indicate if this student is a:

- Pre-2010 Commonwealth supported student  Yes  No
- Other _________________________________

<table>
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<tr>
<th>Date:</th>
<th>University / Institute Stamp / Seal</th>
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<td>Name and position:</td>
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<td>Contact phone number:</td>
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**APPROVAL OF COURSES (SUBJECTS)**

To be completed by the Dean / Course Coordinator / Course Adviser or equivalent Authorised officer

Approval is given for this student to undertake the following courses at University of the Sunshine Coast. Upon completion of these courses, such courses will be credited towards the student’s program at the home institution. Please list each approved course (subject) below.

<table>
<thead>
<tr>
<th>Course (subject) code</th>
<th>Course (subject) name</th>
<th>Year and study period</th>
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Signature – authorised officer: _________________________________  Date: ______________________________

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9. APPLICANT CHECKLIST

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

☐ Completed all sections
☐ Your home institution has completed Section 8 HOME INSTITUTION APPROVAL in this document
☐ Attached certified copies of documentary evidence of tertiary studies undertaken to date (see Section 6, Documentary Evidence in page 2 for requirements)
☐ If not an Australian Citizen, attached evidence of your citizenship and visa (If applicable)
☐ Attach a certified copy of evidence of your Change of Name (if applicable)
☐ Signed the Declaration

PRIVACY STATEMENT

The University of the Sunshine Coast collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University’s Privacy Policy at: www.usc.edu.au/privacypolicy

LODGEMENT

In person: Student Administration
Student Central, Ground floor, Building C, Sippy Downs campus

Mail: Student Administration – ML23
University of the Sunshine Coast
Maroochydore DC QLD 4558 AUSTRALIA

ENQUIRIES

Email: information@usc.edu.au
Tel: +61 7 5430 2890
Office hours: Monday – Thursday: 8.30 am – 5.00 pm
Friday: 8.30 am – 4.30 pm

USC FACULTY OFFICE USE ONLY

I have assessed this application and am satisfied that the applicant has sufficient background to undertake the course(s) indicated on this application form.

Comments:

Signature: _________________________________
Date: _________________________________

USC STUDENT ADMINISTRATION USE ONLY

Certified copy of academic transcript held: ☐ Yes ☐ No - If not, copy requested (date): _________________________________

English Proficiency: ☐ Not applicable ☐ Required
If required, has supporting documentation been provided? ☐ Yes ☐ No
Type of supporting documentation (and test score if applicable): _________________________________

Acknowledged email sent
Application entered (APPL)
Checklist added
Service indicator added
Admit & BASAD
Deny & Reason
Enrolment finalised
Communication added
Offer pack sent

DATE STAMP

Date received at Student Administration

Admissions signature: _________________________________
Date: _________________________________