

Offshore Enrolment Form



SECTION 1: PERSONAL DATA

ID:

Title (Mr, Ms, Dr):				Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Family Name:				Given Names:		
Previous Names: (if applicable)				Date of Birth: (DD/MM/YYYY)	_ _ / _ _ / _ _ _ _	
Home Address: For international students must be an overseas address.						
	Suburb:	State/Country:	Post Code:	Country of Origin:		
Mailing Address: For international students must be an overseas address.						
	Suburb:	State/Country:	Post Code:			
Telephone:	Home: ()	Work: ()	Mobile:			

Have you previously studied at the University of Adelaide? Yes No If yes, please provide Student ID (if known) _____

SECTION 2: PROGRAM DETAILS

Enter your Program and Plan details in the space below

Program [eg B.Engineering]			Plan [eg BE (TE)]		
When do you expect to complete this program? Eg Semester 2, 2011	Semester/Trimester/Quadmester		Year		

SECTION 3: COURSE ENROLMENT DETAILS

Enter your course details in the spaces below. Specify the Enrolment Component
eg LEC – Lecture TUT – Tutorial PRA – Practical WRK – Workshop SEM – Seminar

COURSE 1						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units
COURSE 2						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units
COURSE 3						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units
COURSE 4						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units

COURSE 5						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units
COURSE 6						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units
COURSE 7						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units
COURSE 8						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units
COURSE 9						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units
COURSE 10						
Term	Subject Area	Catalogue Number	Course Name	Enrolment Component	Class Number	Units

This section must be completed by an authorised member of staff of the University of Adelaide

This student is authorised to study the courses listed above.

Signature:

Name (print):

Position:

Declaration – All Students

I agree to abide by the Statutes, Regulations, Rules and Policies and other such conditions as may be stipulated by the University from time to time.

I agree that the University may release my details, including details of my enrolment and other student information (including academic performance) to the:

- Department of Education, Employment and Workplace Relations (DEEWR) and/or
- Department of Immigration and Citizenship (DIAC) and/or
- Australian Taxation Office (ATO) and/or
- Centrelink and/or
- Department of Foreign Affairs and Trade (DFAT) and/or
- State Department of Further Education, Employment, Science and Technology (DFEEST).

If I am an international student studying in Australia, I understand that these reports may have implications for my student visa.

I agree that the University may disclose my enrolment and other information to third parties contracted to provide access to the University's online learning materials, for the purpose of allowing access to these materials.

The University of Adelaide will not otherwise disclose such information without my consent, unless required or authorised by law or to reduce the threat to the life or safety of any person, as outlined in the University's Privacy Policy.

I understand that if any of the information provided by me is subsequently found to be incomplete, incorrect or misleading, the University may elect to terminate my enrolment from a date to be determined by the University, or deem my enrolment to be void from the date of enrolment without any liability on the part of the University. The University is not obliged to reimburse any costs and expenses I have paid or incurred as a consequence of my enrolment.

Signature:

Date:

SECTION 5: STATISTICAL INFORMATION (you must complete this section)

The information you provide below is required by the Commonwealth Government. The University undertakes to provide the information to the Commonwealth Government as statistical data only and will not provide information on individual students.

1. Are you of Aboriginal or Torres Strait Islander origin? Yes No

If yes, please select one of the following:

- Aboriginal
 Torres Strait Islander
 Aboriginal and Torres Strait Islander

2. Citizenship and residence status during this semester (tick only one box)

- (1) Australian Citizen
(2) New Zealand Citizen
(3) Permanent resident status (excluding New Zealand citizenship).
(4) Temporary entry permit/visa or you are a diplomat or dependant of a diplomat (except New Zealand) and reside in Australia during the semester
(5) Reside overseas during the semester and are NOT an Australian or New Zealand citizen and you do NOT have permanent resident status

Country of Citizenship: _____

Day, month and year permanent residence was granted

Day	Month	Year
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3. In what country is your PERMANENT home address?

- Australia
 Other

If you answered 'Australia' please provide the postcode for the address of your permanent home residence: _____

If you answered 'Other' please provide the name of the country: _____

4. In what country were you born?

- Australia
 Overseas Country

Name of Country: _____

Year of first arrival in Australia:

5. Do you speak a language other than English at your permanent home residence? Yes No

If you answered yes, please tick a box: Italian Greek Cantonese Mandarin Vietnamese Arabic Other

Please specify other language: _____

6. This question is for domestic students only. If you are enrolling at University for the first time and completed Year 12 in the last year

Enter the postcode of your permanent home residence in your last year of secondary studies:

Enter the suburb or town or locality of your permanent home residence in your last year of secondary studies: _____

7. What education had you completed before your current program? All questions must be answered.

Post-Graduate Program of any type (Higher Doctorate, PhD, Master's Preliminary or Qualifying, PG Certificate):

- (1) Never commenced
(2) Commenced but not all requirements completed
(3) Completed all requirements for the award

If you answered 2 or 3, please provide:

Last year of enrolment:

Bachelor Degree at any institution:

- (1) Never commenced
(2) Commenced but not all requirements completed
(3) Completed all requirements for the award

If you answered 2 or 3, please provide:

Last year of enrolment:

Advanced Diploma, Diploma, or Associate Diploma studied at CAE, University, Teacher's College or an Institute of Technology, Advanced Education or Tertiary Education - (Non Vocational Education & Training (VET) Sub-Degree Program):

- ((1) Never commenced
(2) Commenced but not all requirements completed
(3) Completed all requirements for the award

If you answered 2 or 3, please provide: Last year of enrolment:

Advanced Diploma, Diploma or Associate Diploma studied at Technical & Further Education (TAFE) or Technical College - (Vocational Education & Training (VET) Award Program):

- (1) Never commenced
- (2) Commenced but not all requirements completed
- (3) Completed all requirements for the award

If you answered 2 or 3, please provide: Last year of enrolment:

Final Year of Secondary Education at a High School, or TAFE:

- (1) Never commenced
- (2) Commenced but not all requirements completed
- (3) Completed all requirements for the award

If you answered 2 or 3, please provide: Last year of enrolment:

Other qualification:

- (1) Never commenced
- (2) Completed

If you answered 2, please provide: The year the requirements for the qualification or certification were completed:

8. What is the education level of your parents or guardians?

These questions are about the highest level of education completed by your parents or guardians.

Please answer about the people (up to two) who, during all (or most) of your school years, were your parents or guardians. If you have more than two, answer about those you have spent the most time with.

Parent/Guardian 1:

Male Female No parent/guardian

What is the highest level of education completed by your parent/guardian 1? (tick one):

- (1) Postgraduate qualification (eg graduate diploma, masters degree, PhD)
- (2) Bachelor Degree
- (3) Other post-school qualification (eg associate degree, diploma, advanced diploma, completed apprenticeship, VET/TAFE certificate)
- (4) Completed Year 12 schooling*
- (5) Completed Year 10 schooling*, continued at school, but didn't complete Year 12 schooling*
- (6) Completed Year 10 schooling*
- (7) Didn't complete Year 10 schooling*
- (8) Don't know

* or equivalent

Parent/Guardian 2:

Male Female No parent/guardian

What is the highest level of education completed by your parent/guardian 2? (tick one):

- (1) Postgraduate qualification (eg graduate diploma, masters degree, PhD)
- (2) Bachelor Degree
- (3) Other post-school qualification (eg associate degree, diploma, advanced diploma, completed apprenticeship, VET/TAFE certificate)
- (4) Completed Year 12 schooling*
- (5) Completed Year 10 schooling*, continued at school, but didn't complete Year 12 schooling*
- (6) Completed Year 10 schooling*
- (7) Didn't complete Year 10 schooling*
- (8) Don't know

* or equivalent

SECTION 6: EMERGENCY CONTACT

Full Name:				Relationship:
Residential Address:				
Telephone Contact:	Home:	Work:	Mobile:	

SECTION 7: LIBRARY SERVICES

Do you give permission for your name to be disclosed to a reader who wishes urgently to consult a book that you have on loan from the library?

Yes No

SECTION 8: EXTERNAL STUDENTS ONLY

Do you give permission for your name to be released to another external student? Yes No

SECTION 9: DISABILITY SUPPORT SERVICES (optional)

Please note that this information will be treated with utmost confidentiality. It is requested for the purpose of providing appropriate student support.

Please contact the Disability Liaison Officer for further assistance.

Do you have a disability, impairment or long-term medical condition, which may affect your studies?

Yes No

If yes, please indicate the area(s) of impairment:

Hearing Learning Mobility Vision Medical Other

If yes, would you like to receive advice on support services, equipment, and facilities that may assist you?

Yes No