This form must be fully complete, signed and dated and have the approval of the School.
A Request for Commonwealth Support and HECS-HELP form MUST be attached to this application.
This application will not be processed without these requirements and you will not be able to attend classes.

Course Preference
Course Code: S2G  
Course Name: Associate Degree in Science
Highest Level of Study is:

Previous University Details
Have you ever been enrolled at this University (please ✓)  Yes ☐  No ☐  If Yes, Student Number

Personal Details
Title  Given Name/s  Surname/Family Name
Former Name/s  Date of Birth  Gender M/F

Residential Address
No and Street  Suburb  Postcode
Telephone (BH or Mobile)  Telephone (AH)

Postal Address
No and Street or P O Box  Suburb  Postcode

Citizenship Details - please ✓
(Applicants born outside Australia who have become Australian citizens, or are New Zealand citizens, or hold either a permanent residency visa or humanitarian visa MUST supply a certified copy of their citizenship certificate, passport or visa documents.

Do you have  Australian Citizenship Yes ☐  No ☐  OR  New Zealand Citizenship Yes ☐  No ☐  
OR  an Australian Permanent Visa Yes ☐  No ☐  
OR  Australian Permanent Humanitarian Visa Yes ☐  No ☐  
OR  Are you an international student (if yes please attach a copy of your visa) Yes ☐  No ☐

Country of Birth  Date of Arrival in Australia
Date granted Permanent Visa  Language spoken at home
(optional) Are you Aboriginal Yes ☐  No ☐  OR  Torres Strait Islander Yes ☐  No ☐

Enrolment Details
Unit Code  Unit Title  Semester  Attendance  Study Centre
KYA004  Physics Foundation Unit  Spring (5)  

Conditions of Offer
Assessment of your student status for HECS-HELP purposes will be determined using the information provided in this form. You should read the HECS-HELP booklet available from www.gointouni.gov.au.
## Secondary Educational Qualifications

<table>
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<th>Year</th>
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## Highest Educational Qualification

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<th>Name of Institution</th>
<th>Title of Award</th>
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## Disabilities (please ✓)

Do you have a disability, impairment or long term medical condition that may affect your studies?  Yes ☐ No ☐

Would you like to receive advice on support services, equipment and facilities that may assist you? Yes ☐ No ☐

If you have a disability, impairment or long term medical condition, please indicate area of impairment:

- Hearing ☐
- Learning ☐
- Mobility ☐
- Vision ☐
- Medical ☐
- Other ☐

## Emergency Contact Details

- Name
- Residential Street
- Suburb
- State
- Postcode
- Telephone (BH or Mobile)
- Telephone (AH)

## Student Declaration and Signature

The University of Tasmania collects, stores and uses information, including student images, for the purposes of administration of the student's enrolment and progress in their study, the provision of other services to the student by the University and to comply with the Higher Education Support Act 2003. All information and images are collected and stored on a secure server; only accessed by University staff for the purposes for which it has been collected; and will only be used or disclosed in accordance with the University of Tasmania Privacy Policy at [http://www.utas.edu.au/policy](http://www.utas.edu.au/policy). Students are entitled to access their personal information in accordance with the Freedom of Information Act 1991. Queries about the collection and use of this information can be directed to the Student Centre on 1300 361 928. Students who do not consent to providing the personal information, including their photographic image, will not be able to enrol with the University of Tasmania as their identity for the purposes of managing their enrolment, examination, progression and related services could not be verified.

I understand that:

- I am responsible for ensuring my enrolment is correct for the duration of the academic year;
- by enrolling in these units that I am accepting any credit which may have been granted or will change my enrolment accordingly;
- I am responsible for the payment of all fees relevant to my course of study at the University of Tasmania within the specified timelines;
- I will receive information and notices in relation to my course of study or general information concerning my enrolment via the eStudentCentre, that it is my responsibility to check via eStudentCentre and my University email account, and the University may contact me on occasion via other contact details provided by me;
- I am required to abide by the Rules, Policies and Ordinances of the University of Tasmania and the conditions of use in the University's Information Technology facilities, and I accept responsibility to obtain and read the relevant documents;
- I consent to the provision of details of my student record to other institutions involved in the delivery of my course of study and as required by law to certain government departments and statutory bodies;
- consent to the University of Tasmania to obtain or verify any details about my academic record or history from any school, higher education institution or educational authority to enable my application to be considered. Where necessary QualSearch will be engaged to access this academic information. I understand the University of Tasmania 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; and

I declare to the best of my knowledge and belief the information given in this form is correct and complete in every detail.

Signature

Date

## Course and Units Authorised By

Signature

Date Authorised

## Please return this form to Student Centre:

Private Bag 45, Hobart Tas 7001

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**STAFF USE ONLY**

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Comment

Last Updated: 1 October 2009

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