



PRE ENROLMENT FORM

Instructions: Insert information in the space provided ONLY if the pre-printed information is incorrect. Cross-out and enter new information as appropriate

SECTION A - PERSONAL INFORMATION

		Year Level	
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1. Title		2. Surname		3. First/Other Names	
4. Gender	Male	5. Date of Birth		6. Marital Status	Married
8. Citizenship		9. Regional/Non-Regional		<input checked="" type="checkbox"/> Regional	<input type="checkbox"/> Non-Regional
10. Country		11. Exam Site			
12. Semester Mailing Address			13. Vacation Mailing Address		
City			City		
Country			Country		
Current Phone		Fax		Vacation Phone	
				Fax	
Email			Email		
14. Emergency Contact (Current RESIDENTIAL address of one person; no postal address)					
Name					
Relationship					
<input type="checkbox"/> Parents <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family Member					
Address					
City			Country		
Telephone			Fax	Email	

SECTION B - IMMIGRATION

15. Passport Number	
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SECTION C - ACADEMIC INFORMATION

Program				
Specialisation				
Sponsor				
Indicate (tick) if completing studies THIS YEAR in June [] or Nov []				
Semester [] Courses	Campus	Mode (OS/DL)	Drop	Course Approved By:

Student :	Date :	Program Coordinator :	Date :
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