

1. PERSONAL DETAILS

Name Title Family Name Previous Family Name

Given Name/s

Mailing Address

No and Street

Suburb/Town

State

Postcode

Country

Date of Birth (Compulsory)

Day

Month

Year

Gender

M/F

Daytime Telephone Number

()

Mobile Number

Email Address

Fax Number

()

2. CITIZENSHIP STATUS (TICK ONE BOX ONLY)

- Australian Citizen
- New Zealand Citizen
- Granted Australian permanent residence status
- Granted Permanent Humanitarian Visa
- Other – Refer to section 1 of your application guide

In what country were you born?

3. DETAILS OF PREVIOUS USQ ENROLMENT

Student Number

Academic Program (e.g. Bachelor of Business)

4. PREFERRED ACADEMIC PROGRAM (IN ORDER OF PREFERENCE)

Campus Toowoomba Fraser Coast Springfield

*Not all Academic programs are available at all campuses.

Please visit <www.usq.edu.au/futurestudents/default.htm>

	Program Code [e.g. BITE]	Academic Program [e.g. Bachelor of Information Technology]	Major [e.g. Computer Software Development]	Mode [Day/Ext/Web*]	Commencing Semester 1, 2, 3+
1					
2					
3					

+Semester 2 & 3 are not available for all programs

* Not all programs available on Web

5. SENIOR/YEAR 12 OR EQUIVALENT SECONDARY STUDIES

Name of Senior/Yr 12 (e.g. HSC, GCE 'A' Level)	Student No. Candidate No.	Name of School or Centre	State of Australia or Country where undertaken	Year Completed (e.g. 1999)

6. POST-SECONDARY STUDIES

(Including Bridging Preparatory Studies, Tertiary Studies, Certificate, Advanced Certificate, Trade, Traineeship or other studies, or Post-Secondary Qualifications.)

Year First Enrolled	Year Last Enrolled	Name of Program/Qualification	Name of Institution	Student No.	Equivalent Full-time Years Enrolled	Tick if excluded	Program Completed Y/N

7. EMPLOYMENT EXPERIENCE*

Please only supply this information if it is a pre-requisite for your program or you wish to have your work experience taken into consideration with the assessment of your application. This option is only available for applicants aged 21 years or over.

* Postgraduate Business applicants need to provide a Curriculum Vitae.

Year Commenced	Year Concluded	Full-time or Part-time	Occupation Title	Main tasks or duties usually performed by you	Name of Employer

8. SPECIAL CONSIDERATION

If you wish to submit a special consideration case with your application, enter "YES" in the box. Supporting statements are required from an appropriate authority with knowledge of your case, such as doctors, psychologists, ministers of religion, solicitors, school principals and university lecturers.

9. INFORMED CONSENT

I understand that:

- The University of Southern Queensland (USQ) is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me;
- USQ will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for those purposes;
- DEEWR will store the information securely in the Higher Education Information Management System;
- DEEWR may disclose the information to the Australian Taxation Office (ATO); and
- USQ and DEEWR will not otherwise disclose the information without my consent unless required or authorised by law.

Signature

Date

10. DECLARATION

(YOUR APPLICATION IS UNABLE TO BE CONSIDERED IF THIS DECLARATION IS NOT SIGNED.)

- I agree to comply with the statutes, regulations and policies of the University of Southern Queensland.
- The information I have supplied is accurate and complete.
- I understand that if I supply inaccurate or incomplete information to USQ, USQ may cancel my enrolment.
- I understand I am responsible for providing all necessary documentation as evidence of my qualification, studies and relevant experience.
- I give permission for any person, government authority, educational institution, employer or previous employer to provide any information concerning my admission/enrolment and study program to USQ that USQ requests.

Signature

Date

USQ collects personal information to assist the University in providing tertiary education and related ancillary services and to be able to contact you regarding enrolment, assessment and associated USQ services. Personal information will not be disclosed to third parties without your consent unless required by law.

APPLICANT CHECKLIST

Completed all sections applicable to my application.

Attached original **certified** documentary evidence, as required, in support of my application.

Attached proof of completion of my previous qualification(s) (if applicable). (If the transcript does not make this clear, attach a **certified** copy of the award certificate or a letter of completion from the appropriate Institution.)

Signed the Informed Consent.

Signed the declaration.

Attached a completed Exemption Claim Form (if applying for credit).

MAIL TO:

Admissions
Student Administration
University of Southern
Queensland
Toowoomba Qld 4350

OFFICE USE ONLY

Applicant's Name

USQ Student No.

FIRST PREFERENCE

Program	Meets Pre-requisites?	Rank	Admit Reason	Application No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accept <input type="checkbox"/>	Term	<input type="text"/>	Student Group	<input type="text"/>
Conditional Accept <input type="checkbox"/>	Condition	<input type="text"/>		
Reject <input type="checkbox"/>	Reason	<input type="text"/>		
Faculty Signature <input type="text"/>				Date <input type="text"/>

SECOND PREFERENCE

Program	Meets Pre-requisites?	Rank	Admit Reason	Application No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accept <input type="checkbox"/>	Term	<input type="text"/>	Student Group	<input type="text"/>
Conditional Accept <input type="checkbox"/>	Condition	<input type="text"/>		
Reject <input type="checkbox"/>	Reason	<input type="text"/>		
Faculty Signature <input type="text"/>				Date <input type="text"/>

NEW PROGRAM INFORMATION

Major	Option/Electives
<input type="text"/>	<input type="text"/>

New course to commence in Semester (Term)

Nominate courses for late enrolment or special enrolment

Course Number	Semester	Mode	Course Number	Semester	Mode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transfer grades from

OR

See attached exemption claim form

If eligible to graduate in new program, which Semester (Term)

If student is eligible to graduate, please tick one of the following

Cancel old program

Continue old program