USQ UNIVERSITY OF SOUTHERN QUEENSLAND

fulfilling lives

UNIVERSITY OF SOUTHERN QUEENSLAND

# INTRODUCTORY ACADEMIC PREPARATION ENROLMENT FORM

## 1. INSTRUCTIONS

*Please complete this form in CAPITAL letters in English.*
*Read and SIGN the student declaration and return to:*

**Open Access College**
**University of Southern Queensland**
**West Street, Toowoomba, Qld 4350, Australia**

**Phone** +61 7 4631 1651
**Fax** +61 7 4631 2434
**Email** oac@usq.edu.au

## 2. 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**

( )

## 3. COURSE INFORMATION

**IAP start date**

**Undergraduate or Postgraduate degree you are entering**

## 4. STUDENT DECLARATION

*(Your enrolment is unable to be considered if this declaration is not signed.)*

(a) I agree to comply with the statutes, regulations and policies of the University of Southern Queensland.
(b) The information I have supplied is accurate and complete.
(c) I understand that if I supply inaccurate or incomplete information to USQ, USQ may cancel my enrolment.
(d) I acknowledge that USQ collects personal information to assist the Univeristy 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.

Signature

Date

## 5. PAYMENT

*(Payment by cheque, money order or credit card must be provided before enrolment can be processed.)*

**Method of Payment**

☐ Bankdraft ☐ Credit Card

**Credit Card Details**

☐ American Express ☐ Mastercard ☐ Visa

**Amount** AUD $600

Name of Cardholder

Card number

Expiry date (MM/YY)

Signature

## OFFICE USE ONLY

Receipt No

Date

11-418