

PLEASE TYPE OR WRITE IN BLOCK LETTERS IN BLACK INK. ALL SECTIONS ARE TO BE COMPLETED.
AUSTRALIAN AND NEW ZEALAND CITIZENS OR PERMANENT RESIDENTS ONLY TO COMPLETE THIS FORM.

1. PERSONAL DETAILS

Name	Title	Family Name	Previous Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name/s			
<input type="text"/>			
Mailing Address	No and Street		
	<input type="text"/>		
	Suburb/Town		
	<input type="text"/>		
	State	Postcode	Country
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (Compulsory)			Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year	M/F
Daytime Telephone Number			Mobile Number
() <input type="text"/>			<input type="text"/>
Email Address			Fax Number
<input type="text"/>			() <input type="text"/>

2. CITIZENSHIP STATUS (MUST PROVIDE CERTIFIED DOCUMENTATION CONFIRMING CITIZENSHIP STATUS) *Tick one box only*

<input type="checkbox"/> Australian Citizen	<input type="checkbox"/>	In what country were you born?
<input type="checkbox"/> New Zealand Citizen	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Granted Australian permanent residence status	<input type="checkbox"/>	

3. PREFERRED ACADEMIC PROGRAM

Campus	Toowoomba <input type="checkbox"/>	Fraser Coast <input type="checkbox"/>	Springfield <input type="checkbox"/>	Off-campus	Overseas <input type="checkbox"/>	Within Australia <input type="checkbox"/>
Please note that you may not be able to study at some locations due to faculty conditions				Where	<input type="text"/>	
Study mode	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>		Faculty	<input type="text"/>	
Proposed commencement semester	<input type="text"/>			<input type="text"/>		
	(Semester, Year)					
With which USQ staff member have you discussed your research intentions?				<input type="text"/>		
Select the program of study you wish to undertake (one program only per application).						
<input type="checkbox"/> Doctor of Philosophy (DPHD)	<input type="checkbox"/> Master of Business Research (MBSR)	<input type="checkbox"/> Other Masters Program				
<input type="checkbox"/> Doctor of Education (DEDU)	<input type="checkbox"/> Master of Science (MSCI)					
<input type="checkbox"/> Engineering Doctorate (ENGD)	<input type="checkbox"/> Master of Engineering (MENG)					
<input type="checkbox"/> Doctor of Business Admin Research (DBAR)	<input type="checkbox"/> Master of Spatial Science (MSPS)	<input type="text"/>				
<input type="checkbox"/> Other Doctorate Program	<input type="checkbox"/> Master of Health (MHEA)					
<input type="text"/>						

4. DETAILS OF PREVIOUS USQ ENROLMENT

Student Number	Academic Program (e.g. Bachelor of Business)
<input type="text"/>	<input type="text"/>

5. 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	Program Completed Y/N	Honours Level/GPA

Have you had any publications related to this application? If YES, attach details.

Have you been enrolled or are you currently enrolled in a research program in the last 3 years?

If YES, where?

If English is not your first language please state your level of English proficiency.

6. EMPLOYMENT EXPERIENCE*

Please only supply this information if it is a prerequisite 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.

* All 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

7. THIS SECTION MUST BE COMPLETED WITH THE AID OF YOUR PROPOSED SUPERVISOR

Please state the draft title of your thesis

For PhD students only:

Please attach a typed 5 page outline of your proposed study.

The following weblink will provide you with a Preliminary Proposal Form that you can complete and attach to this application:
<http://www.usq.edu.au/resources/formphdpreliminaryproposal.doc>

8. 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, Science and Training (DEST) for those purposes;
- DEST will store the information securely in the Higher Education Information Management System;
- DEST may disclose the information to the Australian Taxation Office (ATO); and
- USQ may publish details of your name, project title, supervisory team, and dissertation proposal presentation schedule on a University website. If you do not wish your details to be published, please tick this box .

Signature

Date

9. DECLARATION

NOTE THIS MUST BE SIGNED OR DELAYS IN YOUR APPLICATION WILL BE EXPERIENCED.

I agree to obey the by-laws and rules of the University of Southern Queensland. I declare that to the best of my knowledge the information supplied herein is correct and complete. I acknowledge that the submission of incorrect or incomplete information may result in a cancellation of enrolment at any stage. I recognize that it is my responsibility to provide all necessary documentary evidence of my qualifications, studies and experience and hereby authorize the University to obtain further information where necessary. I recognise that the University reserves the right to collect, store and disclose information concerning any acts of record falsification or other irregular acts in relation to my enrolment and also to disclose any information concerning my enrolment at USQ to any other education institution. I hereby also give written consent to the University to provide details of my enrolment to government agencies as required.

I accept that if my project involves human, animal or biosafety experimentation, including social/psychological research, it must conform to National and University of Southern Queensland Guidelines and that ethical clearances for the project will be required.

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. The information may be made available to Commonwealth and State agencies and the ESOS Assurance Fund Manager pursuant to obligations under the Education Services for Overseas Students Act 2000 and National Code or other legislative requirements. Personal information will not be disclosed to third parties other than a USQ approved agent, partner or any organisation who provides sponsorship to you for your studies, without your consent unless required by law.

APPLICANT CHECKLIST

Completed **all** sections.

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

Attached proof of completion of previous qualification. If the transcript does not make this clear, attach a certified copy of the Award Certificate or a Letter of Completion from the university.

Evidence of any previous enrolment for the previous three years, whether the degree was completed or not.

The research proposal outline (PhD only).

The list of publications.

Signed the declaration.

PLEASE MAIL TO:

Admissions
Student Administration
University of Southern Queensland
Toowoomba Qld 4350