

Assigned Tutor:

Indigenous Student Success Program Application

COLLEGE FOR INDIGENOUS STUDIES EDUCATION AND RESEARCH

University of Southern Queensland Toowoomba QLD 4350 PHONE: +61 746 312 133| FAX: +61 746 312 764

EMAIL: ciser.support@usq.edu.au

This form can be completed at any time during the semester of study.

Student Details				
Title:	Student ID			
First Name: Surname:				
Address: Suburb:				
State: Phone: Phone:				
Email:				
Emergency Cont	act:		Phone:	
Assistance Needed				
Please list the subjects which you wo				
□ Semester 1	□ Se	emester 2	☐ Semester 3	
□ New Student		ing Student		
Course Code	Course Name		Delivery ONLINE/ON CAMPUS	
			GREATE OF THE GREAT OF THE GREA	
Preferred Delivery Mode				
☐ Face to Face	☐ Skype	☐ Phone	□ Email	
Student Declaration				
 I declare that I am an Aboriginal and/or Torres Strait Islander person enrolled at the University of Southern Queensland. I declare that the information given by me in this application is complete and correct I will notify CISER, in writing, of any changes to this information, within seven (7) days of that change occurring. I am aware that my personal details may be forwarded to PM&C for monitoring and evaluation of the scheme. It is the responsibility of the College for Indigenous Studies, Education and Research (in consultation with the appropriate academic/s) to match students and their learning needs with suitable tutors. 				
Student signature	e:		Date:	
CISER USE: Entered Confirmation Sent Sign:				