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**WHO SHOULD COMPLETE THIS FORM?**

- Applicants wishing to undertake single units of study.
- Applicants currently enrolled in an undergraduate or postgraduate program at another university wishing to undertake Cross Institutional Study at Swinburne University of Technology. Information about units of study and prerequisites can be obtained from the Swinburne University of Technology Course Search database which is available at: [www.swinburne.edu.au/courses](http://www.swinburne.edu.au/courses)
- Applicants currently enrolled in an undergraduate or postgraduate program at Swinburne who wish to undertake Single Units of Study or Cross Institutional Study at a university (other than Swinburne University of Technology) should NOT complete this form. These students should download a copy of the Application for Outgoing Cross Institutional Study Form from [www.swinburne.edu.au/studentforms](http://www.swinburne.edu.au/studentforms)

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**WHAT IS A SINGLE UNIT OF STUDY AND WHAT IS CROSS INSTITUTIONAL STUDY?**

**Single Unit/s of Study**

Single unit/s of study are taken outside an award program. Students are not enrolled in a Swinburne degree program and do not receive an award at the completion of study. Single unit/s of study are only offered on a full-fee paying basis.

**Cross Institutional Study (Incoming students)**

Cross Institutional enrolment is available to students enrolled in undergraduate and postgraduate programs at any university (the 'home' university) who may wish to enrol in unit/s of study at Swinburne (the 'host' university). The term Cross Institutional Study applies to students enrolled at another university and given approval to study at Swinburne University of Technology.

**Prerequisites**

Prerequisites must be met for all units of study. Postgraduate applicants may be subject to program entry/admission requirements. Applicants must show evidence of meeting prerequisites (by attaching a certified copy of their results). Details of prerequisites are available at [www.swinburne.edu.au/courses](http://www.swinburne.edu.au/courses). Please refer to section titled "What supporting documentation must I provide?" on the following page.

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**HOW DO I COMPLETE THIS FORM?**

**Step 1:** Complete all questions, sign and date the application form.

- Please use BLOCK LETTERS.
- Please tick ✓ the appropriate boxes.

**Step 2:** Ensure that you attach **certified copies** of all relevant documentation. Please refer to "What Supporting Documentation Must I Provide".

**Step 3:** Return the completed form and all supporting documentation to the appropriate Faculty.

Applicants should not use display folders when submitting their applications. All applications must be submitted at least 4 weeks before the commencement of the unit of study. Closing dates can be confirmed by contacting the appropriate Faculty:

**Faculty**

1. Business and Enterprise
2. Design
3. Engineering and Industrial Sciences
4. Information and Communication Technologies
5. Life and Social Sciences
6. Higher Education Lilydale

**Email Address**

- [bush@swinburne.edu.au](mailto:bush@swinburne.edu.au)
- [nidenquiry@swinburne.edu.au](mailto:nidenquiry@swinburne.edu.au)
- [engineering@swinburne.edu.au](mailto:engineering@swinburne.edu.au)
- [fict-info@swinburne.edu.au](mailto:fict-info@swinburne.edu.au)
- [lssinfo@swinburne.edu.au](mailto:lssinfo@swinburne.edu.au)
- [ldinfo@swinburne.edu.au](mailto:ldinfo@swinburne.edu.au)

Cross Institutional Study applicants should also check with their home university on closing dates and amendment to enrolment deadlines.

**DO NOT INCLUDE THESE INSTRUCTION SHEETS WITH YOUR APPLICATION**

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## WHAT SUPPORTING DOCUMENTATION MUST I PROVIDE?

Supporting documentation must be certified as a true and correct copy of the original by either the issuing body or by persons qualified to accept a statutory declaration e.g. police, chemists, doctors, accountants. Certification must contain an original signature, the name, address and title of the person signing and an appropriate registration number. Photocopies of previously certified documents are not acceptable. Please do not submit original documents as these will not be returned to you. The university accepts no responsibility for documents submitted.

Please check the program requirements to determine if additional information such as a portfolio is required with your application.

Go to [www.swinburne.edu.au/courses](http://www.swinburne.edu.au/courses)

### Specific Requirements for Incoming Cross Institutional Study

- Proof of Identification in the form of:
  - **Australian Citizens** – certified copy of passport, birth certificate or certificate of citizenship.
  - **Australian Permanent Residents** – certified copy of passport/visa.
  - **New Zealand Citizens** – certified copy of passport.
  - **International Students** – certified copy of passport/visa.
- Certified copy of transcript of results as proof of completion of prerequisite study.
- Proof of completion of academic qualifications, where appropriate.
- An extract from the “home” institution’s syllabus to demonstrate that Swinburne prerequisite requirements have been met, where applicable.
- A Commonwealth Assistance Form for those students eligible to enrol on a HECS-HELP/FEE-HELP basis.
- Approval from Home Institution. Refer to “Section E – Cross Institutional Study Information”.
- For international applicants, evidence of English language proficiency, ie: certified copy of IELTS or TOEFL test results certificate.
- Translations of supporting documentation if original documents are in a language other than English.

### Specific Requirements for Single Unit/s of Study

- Proof of Identification in the form of:
  - **Australian Citizens** – certified copy of passport, birth certificate or certificate of citizenship.
  - **Australian Permanent Residents** – certified copy of passport/visa.
  - **New Zealand Citizens** – certified copy of passport.
  - **International Students** – certified copy of passport/visa.
- Certified copy of transcript of results as proof of completion of prerequisite study.
- Proof of completion of academic qualifications, where appropriate.
- For international applicants, evidence of English language proficiency, ie: certified copy of IELTS or TOEFL test results certificate.
- Translations of supporting documentation if original documents are in a language other than English.
- A current curriculum vitae, if required.

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## WHAT HAPPENS AFTER I LODGE MY APPLICATION FORM?

### Selection And Availability

- Enrolment is determined on a semester/term basis for each unit of study.
- Applicants will be assigned a place, where available after all Swinburne award program students have enrolled.
- Dependent on enrolment quotas, offers may be made as late as the first week of classes.
- Generally, offers will be sent to successful applicants prior to the start of a semester/term, where possible. Unsuccessful applicants will also be advised.

### Fees for Cross Institutional Enrolments

Applicants are liable for payment of student contributions or tuition fees at Swinburne University of Technology. Swinburne will determine the fee basis for cross institutional enrolment.

### Fees for Single Unit/s of Study

Applicants are liable for payment of tuition fees to Swinburne. Students are not eligible for FEE-HELP for single unit/s of study enrolment. Applicants whose fees will be paid by their employer at the time of their enrolment must contact their Faculty for details about third party invoicing options. Further information about unit of study fees can be found at [www.swinburne.edu.au/fees](http://www.swinburne.edu.au/fees) or [www.swinburne.edu.au/courses](http://www.swinburne.edu.au/courses)

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## CHECKLIST – PLEASE ENSURE THAT:

- |  |  |
|--|--|
| <input type="checkbox"/> All appropriate sections of the form have been completed and questions answered in full   |  |
| <input type="checkbox"/> The applicant’s declaration in Section F has been signed and dated  |  |
| <input type="checkbox"/> Certified copies of transcripts of results, proof of completion of academic qualifications, extract of home institution’s syllabus, change of name, proof of citizenship/residency documents are attached * |  |
| <input type="checkbox"/> A curriculum vitae detailing work experience has been provided  | <i>* Please note: Driver’s licence is NOT an acceptable form of ID</i> |

**DO NOT INCLUDE THESE INSTRUCTION SHEETS WITH YOUR APPLICATION**

**SECTION A: UNIT/S OF STUDY ENROLMENT DETAILS**

Students may only enrol in unit/s of study for the current semester/term and must re-apply to enrol for unit/s of study in subsequent semesters/terms.

1. I am applying to undertake Incoming Cross Institutional Study

or, I am applying to undertake Single Unit/s of Study

2. The total number of unit/s of study I wish to enrol in is:

3. I am applying for the following unit/s of study: (refer to [www.swinburne.edu.au/courses](http://www.swinburne.edu.au/courses) for unit of study codes)

**PREREQUISITES (DOCUMENTATION REQUIREMENTS)**

If you are applying for unit/s of study that require prerequisites (as indicated on Course Search) you **MUST** attach the relevant documentation as evidence of completion. Applications for units of study requiring prerequisites will **NOT** be accepted without this information. Postgraduate applicants may be subject to program entry/admission requirements.

Unit of Study Code	Unit of Study Title	Faculty	Study Mode eg On-campus or Distance Education	Sem/* Term eg S1 or T1	Unit Start Date (dd/mm/yyyy)	Swinburne Office Use Only	
						Teaching Period	Unit of Study Convenor's approval that prerequisites have been met

\*Sem = Semester

**SECTION B: PREVIOUS APPLICATION / ENROLMENT AT SWINBURNE**

Have you applied or enrolled at Swinburne University of Technology / TAFE previously?  Yes  No – (proceed to Section C)

If yes, please state (a) Swinburne student ID number

(b) Program Name: .....

(c) Last year of study at Swinburne

**SECTION C: PERSONAL DETAILS**

1 (a) Date of Birth   /   /     (b) Gender  Female  Male

**2. Current Name**

Title: (Mr, Mrs, Miss, Ms)

Family Name/Surname

Given Names

**3. Previous Name(s)**

Provide your previous name in full if your current name is different to that shown on your supporting documentation or a previous enrolment at Swinburne. You must complete all fields (i.e. surname/family name, first and second given names).

**CHANGE OF NAME (DOCUMENTATION REQUIREMENTS)**

You must attach evidence of your change of name (e.g. marriage certificate, deed poll certificate) to this application.

Family Name/Surname

Given Names

#### 4. Contact Details

Home telephone number

Preferred daytime contact number

(If different to home number)

Mobile telephone number           Fax number

Email address

#### 5. Postal Address

Number and street

Suburb

State                      Postcode

Country

#### 6. Home Address

Same as above (Please tick)  Yes (If **Yes**, proceed to Q7)  No (if **No**, complete details below)

Number and street

Suburb

State                      Postcode

Country

#### 7. Citizenship

(a) Please tick one of the following. Refer to table below and attach the required supporting documentation

- Australian citizen (includes Australian citizens with dual citizenships)
- New Zealand citizen (includes those with permanent residence status)
- Holder of an Australian permanent resident visa or humanitarian visa (excludes those who have New Zealand citizenship) – go to Q7(b)
- Holder of a citizenship other than Australian or New Zealand citizenship – please state citizenship. ....

(b) If you are a holder of an Australian permanent resident or humanitarian visa, please state citizenship .....

(c) State visa sub-class number (from passport) ..... and type of visa (if known) .....

#### CITIZENSHIP AND PROOF OF ID (DOCUMENTATION REQUIREMENTS)

Citizenship status	Provide a certified copy of the following:	Certified copy must include:
Australian citizen	Birth certificate <b>or</b> Passport <b>or</b> Certificate of Australian citizenship	Proof of full name
New Zealand citizen	Passport	Proof of full name Proof of citizenship
Holder of an Australian permanent residence or humanitarian visa	Passport	Proof of full name Permanent resident or humanitarian visa showing Visa Sub-Class Number
Holder of a citizenship other than Australian or New Zealand	Passport	Proof of full name Proof of citizenship

#### 8. Are you of Australian Aboriginal or Torres Strait Islander descent?

- No  Yes, Aboriginal descent
- Yes, Torres Strait Islander descent  Yes, Aboriginal and Torres Strait Islander descent

9. Were you born in Australia?  Yes (proceed to Q11)  No, I was born in .....

10. Year of arrival in Australia

11. Is English your first language?  Yes  No, my first language is .....

**12. Do you have a disability, impairment or long term medical condition?**

Providing information about a disability will not disadvantage your application. This information is collected to ensure that the University provides appropriate information on the support services available to students. This information is also collected for statistical and planning purposes.

- No (proceed to Section D)
- Yes – (please tick one or more of the following):
- Hearing/Deaf     Intellectual     Mobility     Learning     Acquired Brain Impairment
- Visual     Physical     Mental Illness     Medical Condition
- Other (please specify) .....

If you answered **yes** to this question, you may wish to contact the **Disability Support Service** for further information concerning the support services available on +61 3 9210 1181 (TAFE) or +61 3 9214 8500 (Higher Education) or visit the website [www.swinburne.edu.au/stuserv/disability](http://www.swinburne.edu.au/stuserv/disability)

**SECTION D: EDUCATIONAL HISTORY**

**EDUCATIONAL HISTORY (DOCUMENTATION REQUIREMENTS)**

- (a) a certified copy of all transcripts of results  
 (b) proof of completion of academic qualifications

**1. SECONDARY EDUCATION**

(a) What is the highest level of secondary studies you have completed or attempted? (please tick)

- VCE     HSC     IB     TOP     Other (please specify) .....

(b) Were these studies undertaken in Australia?  Yes     No, please name country .....

(c) Please enter details of the highest level of your secondary studies in the table below

Year attempted/ completed	Name of School	State (if in Australia)	Student Number (if known)	Completed Yes / No

**2. POST-SECONDARY EDUCATION**

List any studies you have completed or attempted at university, TAFE or other post-secondary institution.

Year started	Year completed/ ceased	Institution	Title of Program	Program Type (refer to codes below)	Completed Yes / No

**Program Types**

**Higher Education**

**PG:** Higher Degree, e.g. PhD, Doctorate, Master, Postgrad Diploma/Certificate **BD:** Bachelor Degree (Pass/Honours) **OL:** Open Learning

**DP:** Diploma from a university, C.A.E. or Teachers College (not TAFE) **NA:** Continuing Education/Unit of Study

**TAFE Qualifications**

**CF:** Certificate IV **CD:** Diploma **CA:** Advanced Diploma **CE:** Certificate III **OC:** Apprenticeship, Trade Certificate **CS:** Other TAFE Awards

**Other Qualifications**

**NS:** Hospital Based Nursing **OB:** Short Courses **OA:** Other Academic Award

**SECTION E: CROSS INSTITUTIONAL STUDY INFORMATION**

**IF YOU ARE UNDERTAKING TO STUDY SINGLE UNIT/S OF STUDY DO NOT COMPLETE THIS SECTION. PROCEED TO SECTION F.**

Your home institution/campus must complete this section if the units of study you wish to study are to be counted towards your award program.

**APPROVAL FROM HOME INSTITUTION** (Must have Faculty/Institution stamp)

Please complete the declaration below and initial the unit/s of study to which this approval refers in Section A: Question 2 of this form.

I hereby certify that .....  
*Applicant's family name/surname*

is enrolled in .....  
*Program name*

and is granted permission to study the unit/s of study listed in Section A of this form for credit towards his/her current course of study.

**Please indicate the payment basis the student has in his/her current program of study:**

**Commonwealth Supported Place:**  Pre 2008 HECS-HELP (Pre/Post Indicator 5)  Pre 2009 HECS-HELP (Pre/Post Indicator 6)  
 Post 2009 HECS-HELP (Pre/Post Indicator 7)

**Full Fee Paying Place:**  Full Fee Domestic  Full Fee International

Students who have been enrolled as a FFP student before 2009 will continue as a FFP student.

Approving Officer's Name: .....

Position Title and Institution Name: .....

Signature: ..... Date: , ,

Faculty/Institution Stamp:

**SECTION F: APPLICANT'S DECLARATION**

I declare to the best of my knowledge the information entered on this form is correct and complete.

I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal by the University of a place which may be offered, and that this withdrawal may take place at any stage during the course I undertake.

I understand that:

- My information may be disclosed to relevant government agencies and bodies (eg: DEEWR, Office of Skills Victoria) and in some cases other non-government bodies, agencies or other third parties to enable Swinburne to confirm my identity, eligibility to government support, to verify my entitlement to become an enrolled student and to otherwise progress my application.
- Confirmation of study and results from previous or current study for the purpose of determining eligibility may be undertaken.
- Swinburne collects, stores and uses personal information in accordance with Swinburne's Privacy Policy which can be accessed at: [www.swinburne.edu.au/corporate/registrar/ppd/docs/Privacy.pdf](http://www.swinburne.edu.au/corporate/registrar/ppd/docs/Privacy.pdf)
- The University will correspond with me by electronic means.

Signature of Applicant: ..... Date: , ,

<b>OFFICE USE ONLY</b>		<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	Reason .....
Application received:	____/____/____	Application entered on system ____/____/____		
Acknowledgement sent:	____/____/____	MIR letter sent: ____/____/____		
Proof of name provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of citizenship provided <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>OFFER / ENROLMENT</b>				
Enrolling Officer approval: .....		Date: ____/____/____		
Condition: .....				
Program Outcome	Admission Code	Fee Category	DEEWR Liability Status Code	Source of Funding

