

APPLICATION FORM ADMISSIONS TO HONOURS COURSE



This form is to be used for admission to most honours courses.

Full information: www.flinders.edu.au/future-students/undergraduate/honours/honours_home.cfm

1. PERSONAL DETAILS

| | |
|--------------------------------------|--|
| Flinders Student ID (if applicable): | Are you a Domestic or International Student? (Please tick) |
| Family name: | Domestic Student <input type="checkbox"/> International Student <input type="checkbox"/> |
| First name: | Email address: |
| Date of birth: | Telephone: |
| Postal Address: | |

2. COURSE DETAILS

Indicate the course for which you wish to be considered for admission

| | |
|--|------------|
| Honours Bachelor of | Discipline |
| Intended Major/Program (if relevant) | |
| Proposed field of study for honours thesis: | |
| I wish to undertake this course in: Year 201__ Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> | |

FOR NON FLINDERS STUDENTS ONLY

3. CITIZENSHIP STATUS

| | |
|--|--|
| Are you an Australian Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a New Zealand Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been granted a Permanent Humanitarian Visa in Australia? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been granted Permanent Residency (other than a permanent humanitarian visa) in Australia? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Year of entry to Australia | Date residency granted (if applicable) |
| Country of birth | |

4. OTHER INFORMATION

| | |
|--|--|
| Are you an Aboriginal or Torres Strait Islander? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you from a non English speaking background? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the main language spoken in your place of residence? | |

FOR ALL APPLICANTS

5. EDUCATIONAL BACKGROUND

Original or certified copies of results for the qualification on which you are using as the basis for admission (showing all subjects attempted and grades received, *except for studies undertaken at Flinders University*), **MUST** be attached for this application to be processed.

List, in chronological order, Secondary School studies, TAFE/VET qualifications, University Degrees and Awards you have undertaken

| Name of award/degree | Institution | Major field of study | Year completed or expected to complete | If uncompleted, enter year last enrolled |
|----------------------|-------------|----------------------|--|--|
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6. DETAILS OF RELEVANT EMPLOYMENT OR OTHER ACTIVITIES

| Position | Organisation | Start date | End Date |
|----------|--------------|------------|----------|
| | | | |
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7. SPECIAL CIRCUMSTANCES

Do you have any special circumstances you wish to have taken into consideration? Yes No (Please attach documentation)

8. APPLICATION FOR ADMISSION

- I certify that to the best of my knowledge all documentation and information submitted or made available by me to the University, whether in relation to any course of study or otherwise, is true, accurate and complete.
- I acknowledge that the provision of inaccurate or incomplete information by myself, or a certifying authority, may result in the withdrawal of any offer of enrolment, or the cancellation of any enrolment allowed on the basis of acceptance of that offer.
- I consent to the collection, storage and disclosure of information relating to record falsification or other irregular acts in accordance with Universities Australia procedures. I authorise Flinders University to obtain from other educational institutions details of my enrolment and academic record at those institutions.
- I understand that Flinders University may disclose the personal information I have given in this application to the Department of Education (DE) and that DE will collect and store my personal information in the Higher Education Information Management System.

Signature:

Date: / /

APPLICATION RETURN

FURTHER INFORMATION

This form must be returned to the relevant Faculty Office or to the:

Admissions/Prospective Students Office
Flinders University
GPO Box 2100
ADELAIDE SA 5001

For further details please contact:

Admissions/Prospective Students Office
Phone: 1300 657 671 (Local call cost)
Email: admissions@flinders.edu.au
Web: www.flinders.edu.au/future-students/undergraduate/honours/honours_home.cfm

PROTECTING APPLICANTS' PRIVACY

Flinders University collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

OFFICE USE ONLY

Received / / Student One / / Transcripts Yes No Entered / / Offer Yes No Student advised / /