APPLICATION FOR COMPLEMENTARY ENROLMENT

Please see the notes at the bottom of this form before completing any details.

HOME UNIVERSITY STUDENT I.D. No. DATE OF BIRTH

TITLE FAMILY NAME GIVEN NAMES

COURSE CODE COURSE NAME

PROPOSED HOST INSTITUTION ENROLMENT

Institutions Name: ________________________________ Contact Name: ________________________________ Phone No: ________________________________

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<th>Unit/Subject Code</th>
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TO BE COMPLETED BY THE HOME INSTITUTION COURSE CO-ORDINATOR

The above mentioned student is hereby granted permission to undertake the unit(s) as outlined above at ________________________________ and I certify that upon successful completion, the unit(s) will gain credit towards the University of Ballarat course ________________________________ (Name of Host Institution) (Name of Course)

Course Co-ordinator: (Please Print Name) ________________________________
Signature: ________________________________ Date: ________________________________

NOTES:

a) Please attach photocopies of unit(s)/subject(s) syllabus. Failure to supply relevant information will result in return of application.
b) The Higher Education Contribution Scheme (HECS) liability is assessed by each institution according to the enrolment at the institution.
c) General Service fee from the host institution will be waived upon proof of payment of the University of Ballarat General Service Fee.
d) The student is responsible for ensuring a statement of results is received by the Course Co-ordinator in order for credit to be granted.

HOME INSTITUTION COURSE CO-ORDINATOR TO COMPLETE

Unit(s)/Subject(s) Syllabus Attached Approved Student Advised