

DEAKIN UNIVERSITY EXPRESSION OF INTEREST FORM

BOX HILL INSTITUTE

Email your form to: **dsa-admissions@deakin.edu.au**
or Post to: Student Admissions and Enrolments
Division of Student Administration
Locked Bag 20000
GEEELONG VIC 3220

STUDENT ID (OFFICE USE ONLY)

STUDENT
ID NUMBER

SECTION 1: PERSONAL DETAILS

TITLE	FAMILY NAME	GIVEN NAME(S)
DATE OF BIRTH		

SECTION 2: CORRESPONDENCE ADDRESS

POSTAL ADDRESS			
SUBURB	STATE	POSTCODE	COUNTRY (IF NOT AUSTRALIA)
PHONE		MOBILE	
EMAIL (MANDATORY)			

SECTION 3: BOX HILL INSTITUTE - DETAILS OF COURSE COMPLETED

COURSE CODE	<input type="text"/>	COURSE NAME	<input type="text"/>
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SECTION 4: WHICH DEAKIN UNIVERSITY PATHWAY COURSE ARE YOU INTERESTED IN?

COURSE CODE	<input type="text"/>	COURSE NAME	<input type="text"/>	PREFERRED CAMPUS	<input type="text"/>
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SECTION 5: DECLARATION

By including my name and date in the boxes below, I give my consent for Box Hill Institute to release my contact details and results to Deakin University for the purposes of communication from the University relating to my conditional offer, market research and event and course information.

SIGNATURE	DATE
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OFFICE USE ONLY

STUDENT ID	COURSE CODE	CAMPUS	CAMPUS MODE	KEYED BY	DATE

