



## 05 Unit preferences

Please indicate the number of units you would like to study in each trimester. Trimester 1  Trimester 2  Trimester 3

Unit code	Unit name	Campus	Credit points

## 06 Personal statement

You are required to provide a statement of no more than 500 words in support of your application for re-admission. You should include information such as: your motivation for continuing the course, as well as any studies or work experience you have done since you were last enrolled. If you have completed further study since your previous enrolment at Deakin please include certified copies.

## 07 Deakin Access and Equity Program (undergraduate applicants only)

Applicants for admission to an undergraduate course at Deakin are eligible to apply for consideration under the Deakin Access and Equity Program. Applicants from the designated groups listed below may apply for special consideration in admission through the Deakin Access and Equity Program.

If you wish to apply please tick the category/s you wish to be considered for. You must also include a personal statement (additional to any other personal statement required by the course/faculty application) outlining how your circumstances have impacted on your education, as well as certified documentary evidence.

Visit the admissions web site for further information regarding evidence required at

<http://www.deakin.edu.au/future-students/applications-enrolments/applications/access-equity.php>

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Mature-age entry                          |
| <input type="checkbox"/> | Non-English speaking background           |
| <input type="checkbox"/> | Recognition as an Indigenous Australian   |
| <input type="checkbox"/> | Difficult family circumstances            |
| <input type="checkbox"/> | Disadvantaged socio-economic background   |
| <input type="checkbox"/> | Rural or isolated applicants              |
| <input type="checkbox"/> | Women in non-traditional areas            |
| <input type="checkbox"/> | Disability or long term medical condition |

For further information regarding Deakin Access and Equity please go to the Admissions web site  
<http://www.deakin.edu.au/future-students/applications-enrolments/applications/access-equity.php>

## 08 Declaration

- I declare the information supplied by me is complete and correct.
- Where records of prior study have been provided in support of my application, I authorise Deakin University to conduct a search and retrieval of my academic record from my previous institution/s to verify the information contained in my application
- I acknowledge that the provision of incorrect information or documentation relating to my application may result in withdrawal of any offer of a place and that such withdrawal may take effect at any stage of the course, at the discretion of Deakin University.
- I have read the relevant course information provided, including course structure and unit requirements.
- I agree to pay all fees and charges arising from this enrolment.
- I acknowledge that while I am enrolled, I am subject to the legislation, policies and procedures of Deakin University.
- I consent to the University corresponding with me by electronic means.
- I consent to such of my personal identifying data being provided to the Department of Education, Employment & Workplace Relations (DEEWR) as is necessary for allocation of a CHESSN (Commonwealth Higher Education Student Support Number).
- I understand that I am required to have access to a computer and the internet and will check my Deakin email account and the Student Portal at least weekly.
- For International students only - I declare that I am in possession of the appropriate visa for my intended study program.

Signature	Date	<b>Please return your completed application to:</b> Admissions, Enrolments & Records Division of Student Administration Deakin University Geelong Victoria 3217 Tel 03 9244 6333, 03 5227 2333, 03 5563 3333

# Statistics

- Your enrolment cannot be completed if these statistics are not provided.
- These statistics are required by the Department of Education, Employment and Workplace Relations (DEEWR) pursuant to Subdivision 19-70(1) of the *Higher Education Support Act 2003*. The statistics are collated and provided to DEEWR and do not identify individual students.

## 01 Are you of Aboriginal or Torres Strait Islander descent? (Select one only)

- No
- Yes—Aboriginal
- Yes—Torres Strait Islander
- Yes—Aboriginal and Torres Strait Islander

## 02 What is your citizenship status during this year? (Select one only)

- Australian Citizen
- New Zealand Citizen (see 03)
- Permanent Humanitarian Visa Holder (proof required—see 03)
- Permanent Visa Holder (not Humanitarian—see 03)
- Temporary Entry Permit Holder
- Other status

## 03 If you are a student who is a New Zealand Citizen, has Permanent Residence status, or is the holder of a Permanent Humanitarian Visa, select a statement that best describes your circumstance below.

- You are residing inside Australia for the Trimester or outside Australia as a requirement of the course.
- You are residing outside Australia for the Trimester but not because of a requirement of the course.

## 04 In what country is your permanent home address?

- Australia Postcode
- Other country Name

## 05 In what country is your residence during the year?

- Australia Postcode
- Other country Name

## 06 In what country were you born?

- Australia
- Other country Name
- Year of arrival in Australia

## 07 Do you speak a language other than English at your permanent home residence?

- Yes  No Language

## 08 If you are an Australian school leaver, what was your home postcode in your last year of Secondary School?

## 09 Please indicate your parents/guardians gender and highest level of education.

- |                                 |                                 |
|---------------------------------|---------------------------------|
| Parent 1                        | Parent 2                        |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Male   |
| <input type="checkbox"/> Female | <input type="checkbox"/> Female |

- |                          |   |
|--------------------------|---|
| Parent 1                 | Parent 2  |
| <input type="checkbox"/> | <input type="checkbox"/> Postgraduate qualification             |
| <input type="checkbox"/> | <input type="checkbox"/> Bachelor degree                        |
| <input type="checkbox"/> | <input type="checkbox"/> Other post school qualification        |
| <input type="checkbox"/> | <input type="checkbox"/> Completed year 12 or equivalent        |
| <input type="checkbox"/> | <input type="checkbox"/> Did not complete year 12 or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Completed year 10 or equivalent        |
| <input type="checkbox"/> | <input type="checkbox"/> Did not complete year 10 or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> Not sure                               |

## 10 What is the highest attainment of education you completed prior to this course? (Select one only)

- A complete higher education postgraduate course
- A complete higher education bachelors degree course
- A complete higher education sub-degree course
- An incomplete higher education course
- A complete final year of secondary education course (at school or TAFE)
- A complete other qualification or certificate of attainment or competence
- No prior educational attainment
- A complete TAFE (VTE) award course
- An incomplete TAFE (VTE) award course
- Last year of enrolment was:
- 

## 11 If you have undertaken prior undergraduate studies please provide the name of the institution at which you studied?

## 12 Do you have a disability, impairment or long-term medical condition which may affect your studies?

- Yes  No

## 13 If 'Yes' to '12', please indicate the area(s) of impairment?

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hearing  | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Medical  | <input type="checkbox"/> Other    |

## 14 If 'Yes' to '12', would you like to receive advice on support services, equipment and facilities which may assist you?

- Yes  No

I hereby declare that the information provided is correct and complete

Signature

Date / /