Faculty of Medicine, Dentistry & Health Sciences
School of Population Health

INCOMING CROSS INSTITUTIONAL APPLICATION
FOR STUDENTS FROM OTHER INSTITUTIONS

Applicants – Please Note:
1. This form is to be completed by students from another Australian university who is seeking permission to include in their course a subject available at The University of Melbourne.
2. Original or certified copies of supporting documentation MUST be attached with this application. Failure to provide supporting documentation may delay your application being considered. Examples of supporting documentation include Academic Records for previous studies.
3. ALL FEES WILL BE FULL-FEE, REGARDLESS OF WHETHER YOU ARE A COMMONWEALTH SUPPORTED PLACE (CSP/HECS) STUDENT AT YOUR HOME INSTITUTION.

Closing Dates: All application material must be submitted at least 4 weeks before the commencement of the SEMESTER in which the subject/s is/are taught. If the subject is offered in block mode, all application material must be submitted at least 4 weeks before the commencement of the subject.

Applicant Details (please print clearly)

Title: ___________________ Surname: ___________________ Given Name(s): ___________________

Gender: □ Male □ Female Date of Birth: Day [ ] Month [ ] Year [ ]

Address for Correspondence: ____________________________________________________________

Suburb: ___________________ State: ___________ Post Code: ___________

Local Address: ________________________________________________________________

Suburb: ___________________ State: ___________ Post Code: ___________

Phone: ___________________ (Home) ___________________ (Work) ___________________ (Mobile)

Email Address: ____________________________________________________________

Have you previously studied at the University of Melbourne? □ Yes □ No

If YES under what name was this enrolment, AND

Please state your student/application number: ____________________________

Home Institution: __________________________________________________________

Course Name: ___________________ Year of Commencement: ___________________

Please indicate whether you are a local or international student at your home institution:
□ LOCAL □ INTERNATIONAL

Subject Information

Please list all of the subjects you wish to undertake at the School of Population Health.

<table>
<thead>
<tr>
<th>Subject Number</th>
<th>Subject Name</th>
<th>Semester</th>
<th>Points</th>
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Citizenship Requirements

All applicants are required to supply original or certified* proof of citizenship or residency status.

☐ I am an Australian Citizen
☐ I am a New Zealand Citizen
☐ I am a holder of a permanent Humanitarian Visa
☐ I am a Permanent Resident.
☐ I am an Overseas Resident with a Valid Student Visa

Declaration and Signature

I DECLARE that the information I have submitted with this application is a true and complete record of all tertiary courses I have undertaken at every university and tertiary educational institution I have attended and I hereby AUTHORISE the University of Melbourne to make enquiries of, and to obtain official records from, any university or tertiary educational institution concerning my current or previous attendance which, in its absolute discretion, it believes are necessary to be made or obtained.

I ACKNOWLEDGE that my failure to disclose my true and complete tertiary academic record, the provision of incorrect information or the withholding of relevant information, may result in my being excluded from the University. I acknowledge that all documentation supplied with this application will remain the property of the University of Melbourne.

I UNDERSTAND that the University of Melbourne may disclose the personal information that I have given in this application form to the Department of Education, Science and Training (DEST) and that DEST will collect and store my personal information in the Higher Education Information Management System.

I UNDERSTAND that any offer made to me will be for a FULL-FEE PLACE.

Name of Applicant (Please Print): ____________________________________________

Signature: _____________________________ Date: ____________________________

Please return your completed form to:
Academic Programs Office
School of Population Health
Level 4, 207 Bouverie Street
The University of Melbourne Victoria 3010
Or by Fax:
+61 3 8344 0824

The University’s Privacy Policy can be viewed at:

This website provides detailed information about the contact details, complaints procedures and other aspects of the University’s privacy regime.

Subject Coordinator Approval:

Signature of Subject Coordinator #1: ____________________________________________

Print Name: _____________________________ Date: _____/_____/______

Signature of Subject Coordinator #2: ____________________________________________

Print Name: _____________________________ Date: _____/_____/______

Academic Programs Office Use Only

☐ Entered on MERLIN: _____/_____/______
☐ Student file updated: _____/_____/______
☐ Enrolment Record /Statement of Liability Issued: _____/_____/______

Administrative Officer: ___________ Date Processed: _____/_____/______
Checklist

☐ All sections have been completed, and relevant questions answered in full.

☐ Original or certified* copies of citizenship or residency status documents (and proof of any change of name if relevant) has been provided. Acceptable documents are an original or certified copy of one of the following:
  • Australian or New Zealand birth certificate
  • Australian or New Zealand passport (including personal information and photo)
  • Foreign Passport, including the front page (personal information and photograph) and of every used page (ie: a copy of all entry visas and of every entry and exit stamp), and Certificate of Permanent Residency, if available.

☐ Original or certified* copies of your most recent academic transcript of results of your current tertiary studies.

☐ A letter (or form) is attached from your home institution approving enrolment in Complementary Course studies. The letter states that credit will be received towards your degree for subject(s) taken at the University of Melbourne.

☐ A covering letter is attached explaining your reasons for applying for Complementary Course enrolment at the University of Melbourne and agreeing that the University of Melbourne may release the results of these subjects to your home institution.

☐ The declaration has been signed and dated.

☐ Any additional information to assist in the selection process has been provided. For example, details of involvement in a research project, any publications or employer’s statement.

☐ Have you kept a copy for yourself?

* A certified copy is a photocopy of the original document which has the signature and official stamp of one of the following people: barrister or solicitor, police in charge of a station, pharmacist, doctor, dentist, principal of a school, Justice of the Peace, Clerk of Court, indicating that they have sighted the original document. The signature and stamp must appear on every page of the document.

Complementary Course (Incoming) Guidelines

The School of Population Health at the University of Melbourne will approve Complementary Course studies for students from other tertiary institutions in a limited number of cases on the following basis:

1. Applicants should normally have an academic standard comparable to students commencing postgraduate study in the relevant course.

2. The subject requested, or a subject in the same discipline area must not be available at the home institution and the letter from the home institution must state this.

3. Failure in a complementary course subject will automatically disqualify students from enrolment in repeat or alternative subjects.

4. Applicants must be enrolled at their home institution and must have paid the home institution’s equivalent of the University of Melbourne Amenities & Services Fee for the year of proposed studies. Successful applicants must provide evidence of payment on enrolment; otherwise students will be charged the appropriate Amenities & Services Fee at the University of Melbourne.

5. ALL FEES WILL BE FULL-FEE, REGARDLESS OF WHAT TYPE OF FEE-PAYING STUDENT AT YOUR HOME INSTITUTION. Arrangements for payment through FEE-HELP are possible.

6. It is the student’s responsibility to provide their final result for the subject to their home institution by whatever means required by their home institution.

Please Note: It is the student’s responsibility to ensure that their enrolment details are correct at both institutions to avoid problems concerning CSP liability. The student must advise the School of Population Health’s Academic Programs Office in writing of any withdrawal from subjects taught by the University of Melbourne. The School of Population Health cannot verify withdrawal from subjects for CSP purposes unless this has been done.