

PLEASE PRINT CLEARLY IN BLACK INK

Form: SSC-119-03-07

To be completed by all students wishing to study by mixed mode (a combination of internal and external units).

REQUEST FOR the following student to undertake the following unit(s) in Semester _____ 20_____ (use separate forms for each semester).

STUDENT NUMBER								
SURNAME							GIVEN NAME/S	
ADDRESS							POST CODE	
Is this a change of address?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TELEPHONE HOME				TELEPHONE WORK	
Mode of study:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>						
COURSE TITLE							COURSE CODE	
SEM	CAMPUS	UNIT CODE	CLASS	UNIT TITLE				
Eg: 1	ES	EDU 1100	EXT	Education 1				
	ES		EXT					
	ES		EXT					
	ES		EXT					

I have checked the pre-requisites and the external availability of the above unit(s).

Student signature:		Date	
Campus Registrar or Nominee signature:		Date	

OFFICE USE ONLY	Date entered into computer:			
	Signature:			
	If this request cannot be accepted, complete this section and return form to the originating campus IMMEDIATELY.			
	The enrolment of the above student in the unit(s) below cannot be accepted:			
	UNIT CODE	CLASS	UNIT TITLE	
		EXT		
		EXT		
		EXT		
	Reason:			
	Coordinator Student Central or Nominee signature:		Date:	
Copies to: Student Central, Student				