



CROSS-INSTITUTIONAL ENROLMENT – INBOUND

For students from other institutions applying to study at the Faculty of Health Sciences

Lodge this form with Student Central, Faculty of Health Sciences
by 1 February for Semester 1, and 1 July for Semester 2

Student Number (if previously enrolled at the University of Sydney)

Title _____ Family Name _____ Given Names _____

Date of Birth _____ Gender F M

Postal Address _____ State _____ Postcode _____

Contact Number (H) _____ Mobile _____ Email _____

Current Course _____ University _____

- Please submit the following documents with this form:**
- Evidence of approval from your home institution
 - Certified copy of your most recent Commonwealth Assistance Notice (CAN) or Statement of fees.
 - Certified copy of your academic record.

Choice of unit/s of study
 Please list below the unit/s of study you are applying for:

Unit of Study number (eg. BIOS1126)	Unit of Study name:	Credit Point value	Sem	Year

Declaration:
 I declare that the information submitted is correct and complete. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information.

Signature _____ Date _____

Faculty of Health Sciences: internal use only

Application approved Application NOT approved

Comments:(optional) _____

Coordinator's signature _____ Name _____ Date _____