



Semester 1 2010

Undergraduate **DIPLOMA APPLICATION**

CLOSING DATE: Friday October 30th
Late Round Closing Date: Friday February 13th 2010

Name: _____

I am applying for a

- Diploma of Arts in _____
- Diploma of Language Studies in _____
- Diploma of Social Sciences in _____

Unit of Study (code and name)	Semester	Approval by the Chair of Department at the University of Sydney

With this application you must provide:

- a completed application form
- an original or certified copy of your academic transcript (*for non-USyd applicants*)
(transcripts can be certified by Faculty of Arts office staff)
- proof that you are an Australian citizen or permanent resident of Australia (*for non-USyd applicants*)
- if currently enrolled as an Undergraduate at the University of Sydney, written approval from the Dean of your Faculty
- University of Sydney departmental approval (*above*)

INCOMPLETE APPLICATIONS WILL NOT BE ASSESSED



The University of Sydney
Faculty of Arts

Main Quadrangle, University of Sydney NSW 2006
 Ph: (02) 9351 3129 Fax: (02) 9351 2045
 Email: arts.ug@usyd.edu.au

PERSONAL DETAILS: *Please complete all applicable details*

Title: _____ Surname: _____ Given Names: _____

Gender: _____ Date of Birth: _____ Student Number: _____
(if previously enrolled at the University of Sydney)

Previous Names (attach documentary evidence): _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Email Address*: _____

**Notification of the outcome of your application will be via email - please print clearly*

Mobile: _____ Other phone: _____

RESIDENCY: Please select the appropriate box regarding your residency status

Are you currently a: Australian Citizen? New Zealand Citizen?

Permanent Resident of Australia?

If you are a permanent resident of Australia, please indicate the date your visa was granted (if it was granted in Australia) otherwise, the date you landed in Australia with this visa: _____

Please note that all NEW applicants must provide the following documentary evidence of this information: a certified copy of your birth certificate OR certified copies of relevant pages from your passport.

Completed Tertiary Qualifications:

Qualification	Class of Honours (if any)	Date(s) of Graduation	Institution Awarding the Qualification

If any of your qualifications are **not from the University of Sydney**, attach an original transcript of your academic record to this application. If any document is not in English an official translation must be provided.



EXCLUSION:

Have you ever been:

- | | YES | NO |
|---|--------------------------|--------------------------|
| (a) excluded or suspended for any reason from a course at a University or other institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) asked to show cause why your enrolment in any course should not be suspended or terminated? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) asked to explain unsatisfactory progress in any course? | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate the ATSI category that applies to you:

- | | | | |
|---|--------------------------|---|--------------------------|
| Neither Aboriginal nor Torres Strait Islander | <input type="checkbox"/> | Of Torres Strait Islander origin | <input type="checkbox"/> |
| Of Aboriginal origin | <input type="checkbox"/> | Of Aboriginal and Torres Strait Islander origin | <input type="checkbox"/> |

DECLARATION:

I declare that the information submitted is correct and complete, and I understand that the University may obtain official records from any university of other tertiary institution previously attended by me. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information. ***I understand that this is not an enrolment form, rather an application to apply for admission. I understand that if the information requested is not provided my application will not be considered.***

Signature: _____ Date: _____

Faculty Office use only			
APPROVED	<input type="checkbox"/>	NOT APPROVED	<input type="checkbox"/>
_____ Signature of Faculty Office		_____ Date	
DEGREE CODE	<input type="text"/>	DEPARTMENT CODE	<input type="text"/>
HECS CODE	<input type="text"/>	ENROLMENT FORM ORDERED	<input type="text"/>
INITIAL	<input type="text"/>	VARIATION COMPLETED	<input type="text"/>