

Academic Services

Family Name:

Given Names:

Student No:

Course:

Gender (please circle) MALE / FEMALE    Signature of student: \_\_\_\_\_    Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**1. Date of Birth**

Day      Month        Year

**2. Do you have a disability, impairment or long term medical condition?**

No     Yes    If Yes, the disability or medical condition is described as:

Hearing     Learning     Medical     Mobility     Vision

Allergy     Wheelchair     Other     I would like to receive advice on support services

**3. Are you of Aboriginal or Torres Strait Islander Descent?**

Are you of Aboriginal Descent?     No     Yes

Are you of Torres Strait Islander Decsent?     No     Yes

**4. Please select the citizenship/residency status that applies to you**

Australian Citizen (1)     New Zealand Citizen (2)     Permanent Humanitarian Visa (8) \*

Permanent Resident Status (3) \*    Date you obtained Permanent Resident Status:

Temporary Entry Permit (4)     Other (5) Please specify: \_\_\_\_\_

\* Please provide proof eg. passport

**5. Residence**

Permanent home residence postcode           If residence is overseas, state country: \_\_\_\_\_

Semester residence postcode           If residence is overseas, state country: \_\_\_\_\_

Country of Birth: \_\_\_\_\_    If born overseas, indicate year of arrival in Australia: \_\_\_\_\_

Language spoken at permanent residence: \_\_\_\_\_

Year 12 Permanent Residence: Postcode           Location (Suburb/Town): \_\_\_\_\_

**6. Highest educational participation and year of participation**

What is your highest level of educational participation prior to commencement of this course?

<input type="checkbox"/> 02 Completed Higher Education postgraduate level course	completion year is	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 03 Completed Higher Education bachelor level course	completion year is	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 04 Completed Higher Education sub-degree level course	completion year is	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 05 Have started but not completed Higher Education course	completion year is	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 07 Completed final year of secondary education course at school or TAFE	completion year is	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 08 Other qualification or certificate of attainment or competence – complete or incomplete	completion year is	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 09 No prior educational attainment		
<input type="checkbox"/> 10 Completed Vocational & Technical Education course (e.g. TAFE)	completion year is	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 11 Started but not completed Vocational & Technical Education course (e.g. TAFE)	completion year is	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Privacy Policy**

Details regarding collection, use disclosure and access of personal information from this form are available from the following web site address <http://www.latrobe.edu.au/privacy>, or by contacting your local student administration office, or by telephone at (03) 9479 2005

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Academic Services September 2007 Version 1.0