Schools Access La Trobe (SALT) APPLICATION FORM 2010 FOR STUDENTS APPLYING THROUGH UAC

COMPLETE THIS FORM IF YOU ARE APPLYING FOR A SALT PLACE IN AN UNDERGRADUATE (CSP) COURSE IN 2010

1. Personal Information

2010 UAC Application number

Family Name/Surname

Date of Birth / /

Gender (M/F)

Given Name

Middle Name

2. Program Information

La Trobe University Course Code						Course Name

Have you undertaken the prerequisites for this course? ☐ Yes ☐ No

Have you or will you complete the extra requirements (if any) for this course? ☐ Yes ☐ No

3. Applicant Statement

In your own words please answer the following **three** questions:

1. Why have you chosen to apply for THIS course?

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2. What academic and personal skills do you have which would help you succeed in this course?

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3. What experience do you have which is relevant to this course? Give examples.

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If you require additional space, please attach 1 additional A4 size sheet. Write your full name, date of birth, UAC application number and school name on the page.

4. Applicant Declaration

I declare to the best of my knowledge, the information supplied in this information form and any supporting documentation or material is correct and complete. I declare that the work and written responses contained in and/or attached to this document are my original work and no part has been copied from and other person's work or from any other source. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of any offer or enrolment by La Trobe University. I confirm that I have read and understood the application and accept the conditions of the application. I further understand that submission of an application to La Trobe University does not guarantee the offer of a place. I authorise La Trobe University to obtain, where necessary, further information regarding this application from other relevant bodies including the Universities Admissions Centre (UAC). I agree to allow La Trobe University to advise my school whether I am made a conditional offer through SALT.
This application is not valid unless signed and dated. I acknowledge that I have read and understood the privacy statement.

Signed: …… **Date:** ……

If you are completing and submitting this form on behalf of the applicant, please write your name and attach a copy of a proxy document confirming that the applicant has given you authority to act on their behalf.

Proxy name: ……
Please note that no responsibility will be accepted for forms and/or supplementary documentation submitted to other offices or for postal delays.
Please also note that this application and any supplementary documentation will become property of La Trobe University and may not be returned.

APPLICANTS: please give your completed form to the SALT Scheme co-ordinator by the closing date set by your school.

SALT CO-ORINDATOR: please return this form with a completed spreadsheet to:

study@latrobe.edu.au

or by post to Future Students Centre, La Trobe University, Bundoora, VIC 3086

Forms must be received by 5pm Friday 9 October.