

Information Sheet: Application for Admission to a Postgraduate Coursework Program

(for Graduate Certificates, Graduate Diplomas, Postgraduate Diplomas & Masters)

GENERAL INFORMATION

- If you are an International Student applying for admission to a Postgraduate Coursework Program, please refer to the following website for instructions on applying for a program at La Trobe University: www.latrobe.edu.au/international
- All sections of this form MUST be completed.
- Supporting documentation MUST be supplied with this application (certified* copies only - do not send originals). Failure to provide certified supporting documentation may delay or prevent your application being considered.
- Information regarding eligibility criteria for FEE-HELP is available at the "Going to Uni" website at: www.goingtouni.gov.au
- If you have previously undertaken a course or subjects at La Trobe University, you are not required to attach an academic transcript from La Trobe University with this application. If you have studied at another institution please include certified academic transcripts with your application.
- Please address your application to 'Direct Admissions' and forward it to the appropriate submission location listed below.
- Applicants will receive an acknowledgement email (if an email address is supplied) or letter within 3 working days after the Student Administration Office receives your application.

*A certified copy is a photocopy that has been certified to be a true copy of the original by an appropriate person such as a Justice of the Peace, Public Notary, member of the Police Force, Dentist, Pharmacist, Minister of Religion, Medical Practitioner, Solicitor, School Principal or Bank Manager.

SUBMISSION LOCATIONS

Please return the completed application form to the appropriate campus. Closing dates for individual courses are listed on La Trobe's Coursefinder database: www.latrobe.edu.au/coursefinder/ or by contacting the relevant Faculty, School or Division.

Albury-Wodonga Campus

Direct Admissions
Student Administration Office
La Trobe University
PO Box 821
Wodonga Vic 3689

Bendigo Campus

Direct Admissions
Student Administration Office
La Trobe University
PO Box 199
Bendigo Vic 3552

Bundoora Campus

Direct Admissions
Student Administration Office
La Trobe University
Victoria 3086

Graduate School of Management

Direct Admissions
Student Administration Office
La Trobe University
Bundoora Vic 3502

Mildura Campus

Direct Admissions
Student Administration Office
La Trobe University
PO Box 4095
Mildura Vic 3502

Shepparton Campus

Direct Admissions
Student Administration Office
La Trobe University
PO Box 6044
Shepparton Vic 3632

Application for Admission to a Postgraduate Coursework Program
 (for Graduate Certificates, Graduate Diplomas, Postgraduate Diplomas & Masters)

Section 1: Personal Details

Have you previously been enrolled at La Trobe University? Yes No

Are you currently enrolled in another La Trobe University course? Yes No

If yes, please provide your **La Trobe student number**:

If eligible and a Commonwealth Supported Place is available in the course, would you like to be considered? Yes No

Family Name: _____ Title: (Mr, Ms, Miss, Mrs, Dr) _____ Date of Birth: / /

Given Names: _____ Gender: Male Female

Address for correspondence

Number and Street: _____

Suburb: _____ State: _____ Postcode: _____

Telephone (Business/Mobile): _____ Telephone (Home): _____

Email: _____ Facsimile: _____

Home Address (if different from correspondence address)

Number and Street: _____

Suburb: _____ State: _____ Postcode: _____

Section 2: Course Information

Please refer to the following La Trobe University websites for additional information regarding courses;
www.latrobe.edu.au/coursefinder www.latrobe.edu.au/handbook/

Please list your preferences below:

Preference 1:

Course title: _____ Course code: _____

Faculty (if known): _____ Campus: _____

Commencing year: _____ Commencing Period: January to June July to December

Attendance mode: Full time Part time

Preference 2:

Course title: _____ Course code: _____

Faculty (if known): _____ Campus: _____

Commencing year: _____ Commencing Period: January to June July to December

Attendance mode: Full time Part time

Preference 3:

Course title: _____ Course code: _____

Faculty (if known): _____ Campus: _____

Commencing year: _____ Commencing Period: January to June July to December

Attendance mode: Full time Part time

Preference 4:

Course title: _____ Course code: _____

Faculty (if known): _____ Campus: _____

Commencing year: _____ Commencing Period: January to June July to December

Attendance mode: Full time Part time

Section 3: Statistical Data

The University is required to collect this statistical data information on behalf of the *Department of Education, Employment and Workplace Relations (DEEWR)* for government reporting purposes.

- a) Are you of Australian Aboriginal descent? Yes No
- b) Are you of Torres Strait Islander descent? Yes No

c) Please select the citizenship/residency status that applies to you:

- Australian citizen
- New Zealand citizen
- Permanent Humanitarian Visa (please attach a certified copy of your visa)
- Permanent Resident Status Date you obtained Permanent Resident Status:
- Temporary Entry Permit (please note if you are the holder of a temporary visa you must apply as an International Student. Please contact La Trobe International for further information. La Trobe International - Phone: (03) 9479 1199; Email: International@latrobe.edu.au; webpage: www.latrobe.edu.au/international)
- Other (please specify): _____

d) Residence:

Permanent home residence postcode: If residence is overseas, state country: _____

Semester residence postcode: If residence is overseas, state country: _____

Year 12 residence suburb postcode: If Year 12 residence was overseas, state country: _____

Language spoken at permanent residence: _____

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

e) What is your highest level of educational participation prior to commencement of this course? (please select one)

- | | | |
|--|-----------------------------|---|
| <input type="checkbox"/> 02 Completed Higher Education postgraduate level course | completion year: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> 03 Completed Higher Education Bachelor level course | completion year: | <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: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> 05 Have started but not completed Higher Education course | last year of participation: | <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: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> 08 Completed other qualification or certificate of attainment or competence – complete or incomplete | completion year: | <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: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> 11 Have started but not completed a Vocational & Technical Education course (e.g. TAFE) | last year of participation: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

f) Please provide the highest level of educational attainment of your parent (s) guardian (s).

Parent/Guardian 1:

- Gender: Male Female
- Unknown
- Postgraduate qualification (e.g. Postgraduate Diploma, Masters, PhD)
- Bachelor Degree
- Other post school qualification (e.g. VET Certificate, Associate Degree, Diploma)
- Completed Year 12 schooling or equivalent
- Did not complete Year 12 schooling or equivalent
- Completed Year 10 schooling or equivalent
- Did not complete Year 10 schooling or equivalent

Parent/Guardian 2:

- Gender: Male Female
- Unknown
- Postgraduate qualification (e.g. Postgraduate Diploma, Masters, PhD)
- Bachelor Degree
- Other post school qualification (e.g. VET Certificate, Associate Degree, Diploma)
- Completed Year 12 schooling or equivalent
- Did not complete Year 12 schooling or equivalent
- Completed Year 10 schooling or equivalent
- Did not complete Year 10 schooling or equivalent

g) Disabilities:

Do you have a disability, impairment or long term medical condition? Yes* No

*If yes, the disability or medical condition is described as:

- Hearing Learning Medical Mobility Vision Other

*If yes, would you like to receive advice on support services? Yes No

Section 7: Additional Information

Please note the following courses require referee reports and/or other supplementary information, as listed.

Faculty of Health Sciences

- Applicants to all Nursing and Midwifery courses please refer to www.latrobe.edu.au/nursing for a Supplementary Information Form.
- Applicants to the Master of Occupational Health and Master of Occupational Therapy (mode 2 only) MUST provide two reports from academic referees – please contact the School of Occupational Therapy, Division of Allied Health (03) 9479 5815 to obtain a copy of the required report.
- Applicants to:
 - Master of Occupational Health
 - Master of Occupational Therapy
 - Postgraduate Diploma in Occupational Health & Safety and
 - Postgraduate Certificate in Occupational Health & Safety

MUST provide:

- A curriculum vitae outlining your recent employment history – including positions held, responsibilities and employers' contact details; as well as information on professional affiliations, relevant conference presentations, publications and community involvement and contact details for two referees; AND
- A personal statement no longer than one page (see SECTION 7).

For further information, please contact the School of Occupational Therapy – telephone: (03) 9479 5815.

- Applicants to the Master of Speech Pathology MUST provide two reports from senior academics familiar with their recent achievements.
- Applicants to all School of Public Health courses MUST contact phe.postgraduate@latrobe.edu.au for details about requisite information.
- Applicants to all postgraduate Gerontology courses MUST contact aipc@latrobe.edu.au for details about prerequisite information.
- Applicants to Art Therapy, Counselling & Human Services and Counselling Psychology courses MUST contact phe.postgrad@latrobe.edu.au for details about prerequisite information.
- Applicants to all of The Bouverie Centre courses please go to www.latrobe.edu.au/bouverie or contact bouverie.academic@latrobe.edu.au for details about prerequisite information.
- Applicants to:
 - Bachelor of Education in LOTE (AUSLAN) (Graduate Bachelor)
 - Graduate Certificate in Deaf Studies
 - Graduate Diploma in Deaf Studies
 - Master of Arts (Deaf Studies)
 - Master of Education (Deaf Studies)
 - Master of Sign Language

MUST contact (03) 9479 2283 (voice & TTY), or email: nids@latrobe.edu.au for details about prerequisite information.

Faculty of Law and Management

- All courses offered by the Graduate School of Management require two reports from senior professionals and/or academic referees familiar with the applicant's recent achievement.

Faculty of Science, Technology and Engineering

- Applicants to the Master of Clinical Psychology and Master of Clinical Neuropsychology must provide two academic and two professional references. Contact the Faculty to obtain proformas for referees to complete and return – telephone: (03) 9479 2059/9479 2556 or email: setyourselfapart@latrobe.edu.au

Section 8: Declaration And Agreement

I declare that the information provided on this form is true and complete in every detail. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information provided by me.

Should your application be **unsuccessful**, your contact details will be used by La Trobe University to send you further information about La Trobe University courses and activities. La Trobe University complies with the Information Privacy Act 2000 (Vic.) in its treatment of personal information.

- Please tick if you would prefer **NOT** to be contacted by La Trobe University.

Signature: _____

Date:

D	D
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M	M
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Y	Y
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Privacy Notice

Details regarding collection, use, disclosure and access of personal information from this form are available from the following website address www.latrobe.edu.au/privacy, or by contacting your local Student Administration Office, or by telephone at (03) 9479 2005.

Section 9: Checklist

Please use the following checklist to ensure your application is complete and eligible for processing. Make sure you have:

- Completed SECTION 1, including information about your previous study at La Trobe University and provided certified copies of evidence relating to a change of name
- Completed SECTION 2, indicating the preferred courses for admission
- Completed SECTION 3
- Completed SECTION 4, indicating ALL educational qualifications attempted
- Attached certified copies of ALL educational qualifications attempted (except for La Trobe qualifications)
- Completed SECTION 5
- Read SECTION 6 & SECTION 7 and completed as appropriate
- Ensured the correct number of signed, confidential referee reports are attached OR forwarded (to the relevant Faculty) by referees (if applicable)
- Signed and dated the Applicant's Declaration in SECTION 8
- Checked eligibility for a HECS HELP/FEE HELP on the Going to Uni website: www.goingtouni.gov.au
- Attached any other relevant supporting information

Student number:

Application admission basis: _____ Course Code: _____

Selection outcome: Qualified for admission (approved)
 NOT qualified for admission (rejected) - Comments: _____
 Pending application

Offer status: Semester 1 Semester 2
 Full-time Part-time
 Conditional Offer (please include condition): _____
 No offer made - Comments: _____

Fee status: Commonwealth Supported Place (CSP)
 Fee Place

Application Authorisation (All applications MUST be signed and dated. Applications WILL NOT be accepted without this information):

Print Name: _____

SIS ID Number:

Extension:

Signature: _____

Date: / /

Application entered: / /

Acknowledgement letter sent: / /

Applicant notified of outcome: / /

Other correspondence: / /