

Application for Cross Institutional Enrolment Outbound (Home Institution is La Trobe University)

Cross Institutional Enrolment – Outbound: This form is to be completed by a student from La Trobe University who wishes to study a unit (subject) at another tertiary institution which will be credited towards their degree at La Trobe University.

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

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

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Family Name:	First Name:	
Date of Birth:		
Address:		
Suburb:	Country:	Postcode:

Are you an **International Student**? Yes* No

Are you a U.S. Financial Aid, Sponsored, or Under 18 Student (please tick): Yes* No

*Please note: If you hold a student visa you must complete within the time of your electronic Confirmation of Enrolment to meet visa requirement**.

**Full-time enrolment can consist of all units (subjects) across all education providers which are approved for credit to the course for which you hold a visa.

LTI Approval (staff signature): _____ Date: / /

LTI Stamp

Proposed Unit/S (Subject/S) – Host Institution

Proposed Host Institution: _____ Location: _____

Host unit (subject) code	Host unit (subject) title	Teaching Period	Credit Points	CSP or Fee place

All applications MUST be signed and dated by a staff member. Applications WILL NOT be accepted without this information.

Print Name:	Position:
Signature:	Telephone Number:

Date:

D	D
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 /

M	M
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 /

Y	Y
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Home Institution - Administrative Use Only

Campus: _____ Course: _____

Equivalent La Trobe unit (subject) Code	Equivalent La Trobe unit (subject) title	Year	Study Period	Credit points

All applications MUST be signed and dated by a staff member. Applications WILL NOT be accepted without this information.

I certify that upon successful completion, the proposed unit/s (subject/s) will gain advanced standing towards the above mentioned course at La Trobe University

Home Institution Approval

Print Name:	SIS ID number:
Signature:	Extension:

Date:

D	D
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M	M
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Y	Y
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Fee Information

Please select your current funding arrangement with your home institution (please attach evidence):

- | | |
|---|---|
| <input type="checkbox"/> Commonwealth Supported (CSP)/HECS-HELP | <input type="checkbox"/> FEE-HELP |
| <input type="checkbox"/> Fee-paying Australian tuition | <input type="checkbox"/> Fee-paying International tuition |

Declaration And Agreement

DOMESTIC STUDENTS ONLY

I declare that the information provided on this form is true and complete in every detail. I authorise La Trobe University to contact my former educational institutions in order to verify any of the information I have provided with this application, if deemed necessary. I understand the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information provided by me.

Signature: _____ Date: / /

INTERNATIONAL STUDENTS ONLY

I declare that the information provided with this application is true and complete in every detail. I authorise La Trobe University or its agent to obtain further information about me from educational and other institutions which I have attended, and from Australian government authorities such as DIAC and DEEWR. I acknowledge that La Trobe University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment which has been made on the basis of incorrect or incomplete information.

I am aware of the conditions relating to my admission and agree to pay all fees for which I am liable, and have read and agree to the conditions relating to the Refund Policy and Privacy Statement as set out on the University's website at <http://www.latrobe.edu.au/international/fees/tuition>. This agreement does not remove my right to take further action under Australia's consumer protection laws.

I consent to the University:

- (a) Using and disclosing my personal information in accordance with the University's Refund Policy and Privacy Statement; and
(b) Disclosing my personal information to a third party, authorised by the University, to enable the third party to contact me for the purposes of providing me with information about the University.

I accept that this application and supporting documentation become the property of La Trobe University and are not returnable. Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth).

Signature: _____ Date: / /

Contact Details

ASK La Trobe Help Zone

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La Trobe International

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