

APPLICATION

POSTGRADUATE COURSEWORK



THE UNIVERSITY
OF QUEENSLAND

A U S T R A L I A

Brisbane Qld 4072 www.uq.edu.au
CRICOS Provider Number 00025B

INSTRUCTIONS AND GENERAL INFORMATION

- Applications for **first semester are due by 31 January***. **Second semester applications are due by 30 June***. If available for your program, **Summer session applications are due by 31 October***.
 - Late applications may be accepted, but consideration cannot be guaranteed.
 - Submit your application to a Student Centre:
 - St Lucia – Level 1 JD Story Building (61)
 - Ipswich – Level 2 Building 8
 - Gatton – Building 8101A
 - Successful applicants will be advised on enrolment procedures, relevant dates and fees and charges.
 - Further information on postgraduate studies including scholarships, fees and charges, remote status application materials and links for international students is available at www.uq.edu.au/study
- * Different due dates apply in some schools, particularly in Health Sciences. You should confirm the due dates with your school.

Privacy Statement

The University of Queensland complies with Australian and Queensland privacy laws and guidelines. Information collected is treated as confidential and is used for administrative or educational purposes only and to keep in touch with you after you graduate. To comply with legal and administrative obligations personal information is supplied to government agencies. Personal information will not be disclosed unless you agree or the law requires disclosure. Personal information may be used to prepare statistical information which is then distributed in a form that does not identify anyone.

Disability support

The University is committed to accessibility in teaching, learning and the physical environment and a number of facilities and services are available. Students with a disability should contact a Disability Advisor the year before they intend to commence studies at UQ. Disability Advisor: www.uq.edu.au/student-services (see Disability Program) Phone (07) 3365 1704.

OFFICE USE ONLY

Student Number

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1 PERSONAL DETAILS

Name:

Title: _____

Family name: _____

Given names: _____

Preferred name: _____

Gender: Female Male

Date of Birth:

Day: _____ Month: _____ Year: _____

Your University of Queensland student number (if known) or previous name (if enrolled under another name)*:

- Citizenship: Australian citizen
 New Zealand citizen*
 Australian permanent resident*
 Australian permanent resident (Humanitarian visa)*

*Please supply certified documentary evidence

If none of these categories, please apply on application form for International students.

2 CONTACT DETAILS

Mailing Address:

Country: _____

Street name & no: _____

Suburb/Town: _____

Postcode: _____ State: _____

Email(s):

Telephone:

Home: _____

Work: _____

Mobile: _____

Facsimile: _____

3 PROGRAM OF STUDY

A Proposed semester of commencement (1st; 2nd; Summer): _____ Of Year: _____

B I am applying for admission to the program:

<input type="checkbox"/>	Postgraduate Bachelor of Honours in _____	
<input type="checkbox"/>	Graduate Certificate in _____	
<input type="checkbox"/>	Graduate Diploma in _____	
<input type="checkbox"/>	Master (by Coursework) of _____	<input type="checkbox"/> 16 Unit Program* <input type="checkbox"/> 24 Unit Program <input type="checkbox"/> 32 Unit Program
<input type="checkbox"/>	Master Advanced (by Coursework) of _____	<input type="checkbox"/> 24 Unit Program* <input type="checkbox"/> 32 Unit Program
<input type="checkbox"/>	Professional Doctorate of _____	

* Please refer to program rules for information on eligibility for entry into this program.

C In the **Field** of (eg. History; Animal Studies): _____

D Proposed attendance: Full-time Mode: Internal
 Part-time External

E Course codes for coming semester/year:

Semester/Year	Course code/s

F If you have applied or intend to apply for an alternative degree program, please list:

4 ACADEMIC QUALIFICATIONS

Please outline your academic background and relevant experience below, and **attach supporting transcripts/documents**.

A Academic Qualifications: Complete certified academic transcripts of degrees and diplomas undertaken must be attached, unless qualifications are from The University of Queensland. **Photocopies and English translations must be officially certified as true copies of the original documents.**

Completion date (or years enrolled if incomplete)	Name of Degree/Diploma (including level of honours)	Name of Institution

B Is English your first language? Yes (if yes go to question 5) No

4 ACADEMIC QUALIFICATIONS (cont.)

Only complete this section if English is not your first language.

C Please indicate below how you will meet UQ's English proficiency requirements. One box must be checked. Visit www.uq.edu.au/international/language-requirements.

I achieved the required grade in an English subject listed in UQ's English entry requirements and evidence is attached.

I sat an academic IELTS, TOEFL or other English language proficiency test accepted by UQ and evidence is attached.

Enter the test date: _____

Note:

- Test results are only valid for two years from the date of the test. Test results must still be valid the month your UQ degree program starts or they cannot be accepted.
- UQ will not accept institutional TOEFL tests, photocopies or certified copies of examinees' TOEFL results. If you have not done so already, you must ask your TOEFL testing centre to send your official results to UQ. UQ's TOEFL code is 0987.
- If you sat an IELTS test and you can provide an IELTS Test Report Form (TRF) number you do not need to provide an official copy of your IELTS results to UQ. My TRF number is: _____

I intend to sit an English proficiency test that is accepted by UQ on: _____

Other. Please provide details and attach documentation. _____

For further information on University of Queensland English proficiency requirements please see section 30.40.14 of the *Handbook of University Policies and Procedures* available at www.uq.edu.au/hupp/index.html?page=25467&pid=25075

5 CREDIT / EXEMPTION

Source Institution(s): _____

Intended UQ Program Title: _____

Intended UQ Field of Study: _____

Credit/Exemption sought: (attach separate sheet if insufficient space)

Please tick applicable box

Source Institution information

Credit	Exemption	Course code	Course title	Units
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

UQ information (if applicable)

Equivalent UQ Course code	UQ Course(s) for which credit/exemption is sought	Units

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Indicate with initials

Approved Not Approved

<input type="checkbox"/>	<input type="checkbox"/>

6 REFEREES AND EMPLOYMENT HISTORY Required for some programs: please see the Prospectus or the UQ Website www.uq.edu.au/study to check if this information is required for your program.

Referees: Nominate two employers who can be contacted for confidential references:

Title: _____
 Position: _____
 Company: _____
 Telephone (w): _____
 Address: _____
 _____ Postcode

Title: _____
 Position: _____
 Company: _____
 Telephone (w): _____
 Address: _____
 _____ Postcode

Employment History:

Employer's name	Date commenced	Date finished	Position	Nature of duties

7 STATEMENT BY APPLICANT

I agree:

- to notify The University of Queensland if there is any change to the information I have given in this application;
- to permit The University of Queensland to access my results from other institutions directly or through *Qualsearch* when assessing this application;
- to comply with the rules on admission and enrolment at The University of Queensland;
- if sponsored, to permit The University of Queensland to release details of my academic progress to my sponsoring body on request.

I understand:

- that The University of Queensland may vary or cancel any decision it makes if the information I have given is incorrect or incomplete;
- that The University of Queensland is not responsible for documents submitted, and the documents become the property of the University.

Signature: _____

Date: _____

If your application is approved, you will be issued with instructions for online enrolment which outline enrolment and fee-paying procedures and applicable due dates.

Commonwealth assistance under the *Higher Education Support Act 2003*

For more information see www.backingaustraliasfuture.gov.au/student_info.htm

I understand that:

- UQ is collecting the information in this form for the purposes of assessing my entitlement to Commonwealth assistance under the *Higher Education Support Act 2003* and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me;
- UQ will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for those purposes;
- DEEWR will store the information securely in the Higher Education Information Management system;
- DEEWR may disclose the information to the Australian Taxation Office (ATO); and
- UQ and DEEWR will not otherwise disclose the information without my consent unless required or authorised by law.

→ PLEASE LODGE THIS FORM WITH THE STUDENT CENTRE AT YOUR CAMPUS

8 RECOMMENDATION OF HEAD OF SCHOOL (or nominee)

A Candidate qualified and recommended for admission: Yes No

Special conditions/comments:

B Proposed attendance: Full-time Mode: Internal
 Part-time External

C Recommended credit for previous studies: (refer section 5 Credit/Exemption)

Total Units: _____ Comments: _____

D Academic Advisor/Program coordinator:

For joint enrolments, signatures are required from both Heads of Schools.

If the candidate is based in a Centre, the Centre Director may sign in addition to the Head of School.

Name:

Name:

School:

School:

Signature:

Date:

Signature:

Date:

9 STATEMENT BY EXECUTIVE DEAN / ASSOCIATE DEAN, ACADEMIC

Candidate approved: Yes No

Credit for previous studies approved: Yes No

Special conditions/comments:

Name:

Signature:

Date:

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	Action	Status	Action Officer Initial/Date	Comments
1	Internal Academic Record attached			
2	SI-net entry – Search/Match			
3	Enter Application details <ul style="list-style-type: none"> • Evaluate • Decision recorded • Admit • Matriculate • Term Activate 			
4	Enrolment Pack posted			
5	File (RAMS)			