APPLICATION FOR COMPLEMENTARY COURSE ENROLMENT

THE UNIVERSITY OF MELBOURNE | MELBOURNE GRADUATE SCHOOL OF EDUCATION

PERSONAL DETAILS

Mr/Mrs/Ms ____ Surname: _____ Given Name(s): _____

Address: _____

Date of Birth: _____ Home telephone no: _____ Mobile no: _____

COURSE DETAILS

Institution: _____

Course: _____

DETAILS OF COMPLEMENTARY STUDY REQUEST

Subject Code	Subject Name	Semester	Points

This form must be accompanied by a letter from your home institution stating that you will receive full credit for the subject(s) studies at the Melbourne Graduate School of Education.
You will also need to provide evidence of citizenship – a certified copy of birth certificate, extract of birth certificate or passport.

Student's Signature: _____ **Date:** _____

OFFICE USE ONLY

Melbourne Graduate School of Education Approval: _____ Date :_____

Student Number Issued: | | | | | | | | | |