Please return this form, with payment, to:

OUA Administrator,
Swinburne University of Technology
Mail No. H3
PO Box 218
Hawthorn VIC 3122

Or email to onlinestudiesas@swin.edu.au

**Undergraduate Degree Registration Form**

For studies undertaken through Open Universities Australia

**DO NOT USE THIS FORM IF YOU ARE REGISTERING AS A CSP STUDENT**

<table>
<thead>
<tr>
<th>Which course are you applying for?</th>
<th>Bachelor of Business</th>
<th>Major: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: Please use this form once you have enrolled in your first Swinburne University unit.</td>
<td>Bachelor of Technology Information Systems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bachelor of Behavioural Studies*</td>
<td></td>
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<tr>
<td><em>IMPORTANT</em>: The major for the Bachelor of Behavioural Studies is Psychological Studies. If your intention is to become a registered psychologist, the correct degree is the professionally accredited Bachelor of Psychological Sciences. The application form can be accessed from <a href="http://www.swinburne.edu.au/open-universities-australia/courses-and-units/">http://www.swinburne.edu.au/open-universities-australia/courses-and-units/</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check the OUA website for admission criteria applicable to your degree

**PERSONAL DETAILS & PROOF OF IDENTITY (BLOCK CAPITALS please)**

All students are required to provide proof of identity. The proof of identity must be a certified copy of one of the following: Birth Certificate, Extract of Birth Certificate, Passport or Citizenship papers.

A certified copy is a photocopy that has been verified as a true copy of the original – signed and stamped with an official stamp – by a person in any of the following positions of authority: Minister of Religion, Medical Doctor, Member of the Police Force or Notary Public.

This documentation must be forwarded by mail – not faxed or email – to the address above.

Swinburne University ID: ___________________________ Open Universities Australia ID: ___________________________

TITLE (DR, MR, MRS, MS, MISS) ___________________________

FEMALE ☐ MALE ☐

DATE OF BIRTH _______ _______ _______

SURNAME ___________________________ FIRST GIVEN NAME ___________________________ SECOND GIVEN NAME ___________________________

ADDRESS FOR CORRESPONDENCE

NUMBER & STREET ___________________________ SUBURB/TOWN/CITY ___________________________ STATE _______ POSTCODE _______

COUNTRY ___________________________ EMAIL ADDRESS ___________________________

TELEPHONE NUMBER (Home) ___________________________ TELEPHONE NUMBER (Work) ___________________________ TELEPHONE NUMBER (Mobile) ___________________________

**APPLYING FOR ADVANCED STANDING**

If you wish to apply for credit based on prior studies, please complete the applicable Advanced Standing application form which can be accessed from http://www.swinburne.edu.au/open-universities-australia/advanced-standing-rpl.html
PRIVACY POLICY
Swinburne University of Technology collects information for enrolment purposes and other University services such as the Library and IT Services. Information is stored, maintained and securely disposed of in accordance with the Public Records Act 1973. For further information about access to your personal information and any privacy complaints see the Privacy Statement at www.swin.edu.au/privacy

ENROLMENT DECLARATION
I declare to the best of my knowledge that the information entered on this form is correct and complete.

I agree to be bound by the applicable standards of conduct, statutes, regulations, policies and procedures of the University while I remain an enrolled student, including any variations to these that the University makes, through due process, during my course of study from the specified approval date of such variations.

I understand that:
- Swinburne University of Technology does not require membership by students of a student organisation
- Academic staff will be provided with the name, ID number and email address of those students enrolled only in the units being taught by that staff member
- My personal information will be collected and used for the purposes set out in the Swinburne University of Technology Privacy Collection Statement - available to be viewed on the University's web site at: www.swin.edu.au/corporate/registrar/privacy_collection.htm
- I consent to the University corresponding with me by electronic means.
- I must complete at least 8 Swinburne University of Technology units.

SIGNATURE OF APPLICANT: ____________________________ DATE: _______

OFFICE USE ONLY
Proof of ID received: ☐ Yes ☐ Pending assessment of exemptions
☐ No – Reason: ____________________________ Date entered: _______

Signature: ____________________________