

2012 Re-enrolment Form – Postgraduate

Swinburne Professional Learning LGC500 Graduate Certificate in Learning & Teaching (Higher Education)

APPLICATION CHECKLIST:

- Please use BLOCK LETTERS and tick the appropriate boxes.
- Complete all questions and sign and date the re-enrolment form.
- Obtain endorsement from Program Coordinator or Head of Academic Group
- Obtain endorsement from Deputy Dean
- Return completed form to SPL (see right)

Return completed re-enrolment form to:

Swinburne Professional Learning
Swinburne University of Technology
PO Box 218 (H63)
Hawthorn Victoria 3122
T + 61 3 9214 8064
F + 61 3 9214 4328

FINAL DATE TO SUBMIT FORM: MONDAY 13 FEBRUARY 2012

1. PERSONAL DETAILS

Name:
Address:
Email:
Phone:

Student ID:

If applicable, are the details printed above correct? Yes No

If no, please update your details on Swinlink at www.swinburne.edu.au/swinlink or complete an Amendment to Personal Details form available from www.swinburne.edu.au/studentforms

2. CITIZENSHIP

Your Citizenship Status is currently recorded as:

Is this correct? Yes No

If this information is **incorrect** or has **changed** please provide SPL with a certified copy of your Passport, Birth Certificate or Citizenship papers with your re-enrolment form.

3. DISABILITY SUPPORT

Providing information about a disability will not disadvantage your application. This information is collected to ensure that the University provides appropriate information on the support services available to all students. This information is also collected for statistical and planning purposes.

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

If yes, please tick one or more of the following:

- Hearing/Deaf Intellectual Mobility Learning Acquired Brain Impediment
 Visual Mental Illness Physical Medical Condition Other (please specify)

If you answered **yes** to this question, you may wish to contact the **Disability Support Service** for further information concerning the support services available on +61 3 9214 8500 (Higher Education) or visit the website www.swinburne.edu.au/stuserv/disability

4. RE-ENROLMENT SELECTION

Please select the unit/s of study you wish to enrol in below, by ticking the appropriate box.

Semester 1, 2012			
Unit of Study Code	Unit of Study Title	Re-enrol unit	Office Use Only
LTS 503	Curriculum Design and Assessment		
LTS504	Independent Professional Project		
LTS505	Internationalisation of the Curriculum (Elective Unit)		

- SPL workshop dates are determined by each Unit Convener. Allocate+ is not used for Postgraduate programs with SPL.
- Unit availability is in the re-enrolment instructions. If you wish to withdraw from a unit of study or program you must fill out an Enrolment Amendment Form as outlined in the re-enrolment instructions.

Nature of employment at Swinburne Full Time Part Time Sessional

5. PROGRAM ALTERNATIVES

If you wish to conclude your studies please select from one of the following:

- Exit with Professional Certificate in Teaching Practice - HP50 (if completed LTS501 and LTS503). If participants choose this option, then under nested program policy one Semester must elapse before re-entering program
- Withdraw from LGC500

6. ENDORSEMENT OF APPLICATION

Please note that any application for further study must have the endorsement of Program Co-ordinator or Head of Academic Group and the Deputy Dean. This applies to all applicants.

1. Name of Tertiary Institution and Faculty _____
(Eg: Swinburne University of Technology, Faculty of Business and Enterprise)

2. Codes and names of the Units the applicant is teaching during Semester 1, 2012 _____

3. Endorsement of Program Coordinator or Head of Academic Group

Name: _____ Title: _____

Signature: _____ Date: ____/____/____ Telephone: _____

4. Endorsement of Deputy Dean

Name: _____ Title: _____

Signature: _____ Date: ____/____/____ Telephone: _____

7. APPLICANT'S DECLARATION

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

I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my academic or employment records or citizenship status may result in the withdrawal by the University of a place which may be offered, and that this withdrawal may take place at any stage during the course I undertake.

I understand that:

- The Dean and Human Resources will be informed of my enrolment, completion and result of units in the Graduate Certificate in Learning & Teaching (Higher Education).
- My information may be disclosed to relevant government agencies and bodies (eg: DEEWR, Office of Skills Victoria) and in some cases other non-government bodies, agencies or other third parties to enable Swinburne to confirm my identity, eligibility to government support, to verify my entitlement to become an enrolled student and to otherwise progress my application.
- Confirmation of study and results from previous or current study for the purpose of determining eligibility may be undertaken.
- Swinburne collects, stores and uses personal information in accordance with Swinburne's Privacy Policy which can be accessed at: www.swinburne.edu.au/corporate/registrar/ppd/docs/Privacy.pdf
- The University will correspond with me by electronic means.

Signature of applicant: _____

Date: ____/____/____

Disclaimer: Completion of this form does not validate a student's enrolment if the student has been withdrawn from the program, does not meet the University's Standards of Progress, or if Unit(s) of Study nominated on the form are not offered in the appropriate Semester. If any of these situations occur, the student's enrolment cannot be finalised.