



CROSS INSTITUTIONAL OUTBOUND APPLICATION AND AUTHORISATION A41

Complete and sign this form to apply to undertake a Unit(s) of Study at another institution that will contribute to the completion of your VU course. Please read the information and instructions below carefully before you complete the details on the reverse.

CROSS INSTITUTIONAL ENROLMENT INFORMATION

INTERNATIONAL ONSHORE STUDENTS	You need to consult with VUI to determine whether you are eligible for cross institutional study before you complete this form.
SUPPORTING DOCUMENTATION	You must provide your host institution's Unit of Study outline(s) with this form so that we can accurately assess your application.
RESULTS	As soon as you receive your results the Unit(s) of Study at your host institution, you must supply a copy to the VU Faculty office controlling your course to confirm your completion of the Unit(s) of Study and the appropriate grade. This is to avoid any delays when you apply to graduate.
YOUR ENROLMENT AT THE HOST INSTITUTION AND AT VU	You are responsible to enrol at the host institution and withdraw from any VU Unit of Study you do not wish to complete as a result of this application. The host institution will have a cut-off date for applications to be finalised. Your VU enrolment details must be amended before the Census date in the appropriate semester (Semester 1 - 31 March, Winter option - 6 July, Semester 2 - 31 August, Summer option - 15 January).
FEES FOR CROSS INSTITUTIONAL UNITS OF STUDY	Your Student contribution/HELP fees/tuition fees will be charged by the host institution.

INSTRUCTIONS

1. Complete the application and declaration on the reverse of this form.
2. Attach a copy of the host institution's Unit of Study outline(s) to this application.
3. Indicate if the completed application is to be returned to you when finalised, or if it is to be sent direct to the host institution. Please provide full mailing details including a contact name, department and the mailing address of the host institution. If this is not supplied the application will be mailed back to you.
4. Submit a *Unit of Study enrolment amendment* form if your cross institutional enrolment replaces VU Unit(s) of Study that appear on your enrolment offer/adjustment note/tax invoice.
5. Submit your application along with any *Unit of Study enrolment amendment* form, if applicable, to your course coordinator for assessment and approval. Once approved the form can be submitted to a Student Service Centre, or by mail or fax to the contact details at the bottom of the page.
6. INTERNATIONAL ONSHORE STUDENTS - you must have this application authorised by VUI.
7. When it is finalised, this application will be sent to the nominated destination. You will receive a confirmation letter and an updated tax invoice/adjustment note confirming your VU enrolment details. Please ensure that you present your results received by the host institution to your Faculty office to confirm completion and so that your VU results can be updated. You must contact us if there is any change to your enrolment status at the host institution.

FACULTY OF BUSINESS AND LAW	FACULTY OF HEALTH, ENGINEERING AND SCIENCE	FACULTY OF ARTS, EDUCATION AND HUMAN DEVELOPMENT
PO Box 14428 Melbourne VIC 8001	PO Box 14428 Melbourne VIC 8001	PO Box 14428 Melbourne VIC 8001
Footscray Park fax 9919 5417	Footscray Park fax 9919 4803	All campuses fax 9919 2242
City fax 9919 1064	St Albans fax 9919 2643	
Werribee fax 9919 8117	Werribee fax 9919 8101	
Sunbury fax 9919 3217		
Phone 9919 4471	Phone 9919 4516	Phone 9919 2232
Email buslawcourses@vu.edu.au	Email hes@vu.edu.au	Email artscourses@vu.edu.au

CONTACT	STUDENT SERVICE CENTRES	MAIL TO
Enquiries ASKVU www.vu.edu.au/askvu	City Flinders	Admissions and Enrolments
Phone +613 9919 6100	City King	St Albans Campus
Fax +613 9919 4429	Footscray Nicholson	Victoria University
Web www.vu.edu.au/students	Footscray Park	PO Box 14428
	Melton	Melbourne VIC 8001
	Newport	
	St Albans	
	Sunbury	
	Sunshine	
	Werribee	

PRIVACY INFORMATION

The personal information we collect on this form is for the purpose of enabling you to enrol in your chosen course of study and for Victoria University to deliver that course and related services to you.

You can access your personal information by contacting us at www.vu.edu.au/askvu or +613 9919 4000.

We collect your personal information in accordance with the Privacy Statement for students (www.vu.edu.au/current-students/student-essentials/commonly-used-forms) and the Privacy Policy (wcf.vu.edu.au/GovernancePolicy/PDF/POU090123000.PDF).

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Please write in BLOCK LETTERS using a black or blue pen.

FIRST NAME: _____ STUDENT ID: S _____

FAMILY NAME: _____ DATE OF BIRTH: / /19 _____

OTHER NAMES: _____ STUDY YEAR/SEMESTER: 20 Sem _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

HAVE YOU CHANGED YOUR ADDRESS? IF SO, PLEASE SUBMIT A PERSONAL DETAILS AMENDMENT FORM _____

HOME PHONE NO: _____ MOBILE PHONE NO: _____

VU COURSE NAME: _____ VU COURSE CODE:: _____

NAME OF HOST INSTITUTION: _____

CONTACT PERSON'S NAME: _____ CONTACT PERSON'S PHONE: _____

MAILING ADDRESS: _____ POSTCODE: _____

HOST INSTITUTION UNIT OF STUDY DETAILS

OFFICE USE ONLY (VU FACULTY)

HOST INSTITUTION UNIT OF STUDY CODE	HOST INSTITUTION UNIT OF STUDY TITLE	SEM.	VU EFTSL	VU EQUIVALENT UNIT OF STUDY CODE	VU EXTERNAL UNIT OF STUDY CODE

Are you an international onshore student? (please tick): NO YES - VUI must authorise this application (N/A for Sem. 3 or 4)

PLEASE MAIL THIS FORM TO THE HOST INSTITUTION ADDRESS ABOVE PLEASE MAIL THIS FORM TO ME AT THE ADDRESS ABOVE

I have read the information, instructions and Privacy information on the reverse of this form and consent to Victoria University providing my personal and enrolment details to the host institution nominated on this form. I will have this form approved by my Faculty (contact details on reverse) before I submit it to a Student Service Centre or by fax or mail.

STUDENT SIGNATURE: _____ **DATE:** / /20 _____

OFFICE USE ONLY - VICTORIA UNIVERSITY AUTHORISATION

FACULTY/SCHOOL APPROVAL

I have sighted the relevant Unit of Study outline/s and give approval for this VU student to enrol in the stated Unit/s of Study at the stated host institution.

Course coordinator's signature: _____

Course coordinator's name: _____

Phone number: _____ Date: / /20 _____

VUI APPROVAL F/T student? YES NO

Officer's signature: _____

Officer's name: _____

Officer's position title: _____

Phone number: _____ Date: / /20 _____

ENROLMENTS SECTION

UNIT/S OF STUDY ENTERED COPY TO ENROLMENTS

INVOICE MAILED TO STUDENT COPY TO VUI (if international)

ORIGINAL TO HOST INSTITUTION COPY TO STUDENT FILE

Manager Enrolments' signature: _____

Manager's name: _____

Phone number: _____ Date: / /20 _____