

Faculty of Science



Out-Bound Cross-Institutional Study

REQUEST

	A. PERSONAL DETAILS (please print)	
Name:		University of Sydney student number:
Title:	Gender:	
Family name:		Are you an international student? (tick box)
Given names:		(i.e. not an Australian citizen, Permanent resident or New Zealand citizen)
Preferred name:		Yes
Data of Dirthy		No
Date of Birth:		If Yes , you should ensure that you are permitted to apply for cross-instituional study at your potential host institution.
	B. CONTACT DETAILS (please print)	
Session Mailing	Address:	Telephone:
Address:		Home:
Suburb/Town:		Work:
State:	Postcode:	Other:
Country		Facsimile:
		i acsimile.
University Email:		
	C. CURRENT UNIVERSITY OF SYDNEY AW	ARD COURSE DETAILS (please print)
University of Syc	dney award course:	
Award level (Und	dergraduate/Postgraduate):	
Degree/Course:		
Dogice/Oddise.		
Proposed Major(s) (if applicable):	
Major 1:		Major 2:

Datantial		UNITS OF STUDY (please	print)						
Potentiai r	nost institution:								
University	:								
Enter units o	of study for which you req	ential host institu	School/Discipline/Unit approval (refer to Information)						
Unit code	U	nit name	Semester	Year	Approve?	•	Level	СР	Initial/Date
eg BIOL316	Invertebrates: Evolut	ion, Behaviour and Diversity	Semester 1	2006	(circle)	eg BIOL	Snr	6	
					Y / N				
					Y / N				
					Y / N				
					Y / N				
					Y / N				
					Y / N				
Attach sepa	rate sheet if insufficient sp	pace.							
	E. SUBMISSI	ON OF APPLICATIONS							
Complete a	nd print this application f	form and submit, with supporting	g documents, to	the Fact	ulty of Scie	ence Stu	dent In	forma	ation Office,
Level 2, Ca	rslaw Building, University	y of Sydney, NSW, 2006, AUST	RALIA.						
		processed as quickly as pos	sible, tick each	box wh	en each s	supporti	ng doc	ume	nt has been
	or attached:								
	Detailed unit of study out		thomatics and S	tatiatias i	unita of atu	idy or So	nior un	ita of	fatudy to bo
	counted towards a major	artment/Unit permission for Mat	memalics and S	ialistics (אוווג טו אוו	udy or Se	illoi ui	115 01	Study to be
	f applicable, a letter deta	iling the circumstances under w	vhich you are re	quired to	make this	s request			
Declaration	n:		·			·			
		ed on this form is correct and co er information where necessary							
Signature:			Date:						
	FACULTY OF	SCIENCE OFFICE USE OF	NLY						
Institution	name:		Does the student			dertake cr	oss-inst	itutior	nal study at
			the proposed ins	titution? (t	ICK DOX)		⁄es		No
			Associate Dea	an detail	s:				
Title of cur	rent program towards	Name:							
			Signature: —				Date	o· —	
		Signature: Date:							
H	ost Institution		University	of Sydne	ey credit				
Un	it of study code	Subject Ar	ea (<i>eg. Biology</i>)			Level	(eg. Jr	ır) (Credit points
									

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