

<p>Office Use Only</p> <p>Date Received</p> <p>____/____/____</p> <p>Received by</p> <p>_____</p>	<h1>APPLICATION FOR CROSS- INSTITUTIONAL ENROLMENT FORM A</h1>	 <b>CHC</b>
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Use this form if you are currently enrolled in a course of study at CHC and you wish to undertake units of study at another institution (the 'host' institution) for crediting into your CHC award. This includes units undertaken through Open Universities Australia (OUA).

This form is to be accompanied by the host institution's application form for cross-institutional enrolment, and detailed outlines for each unit to be considered for cross-institutional enrolment. These unit outlines are to indicate the level and duration of the unit, the number of contact hours involved, the content of the unit, the methods of assessment and the required texts and/or major references. This information is used to determine comparability between the host institution's units and CHC units.

To apply for cross-institutional enrolment, submit this form, with the relevant documents (see above), by the dates indicated below. Forms which are submitted without the relevant documents will not be processed.

**To undertake cross-institutional study in Semester 1: November 1 of the previous year**  
**To undertake cross-institutional study in Semester 2: June 1 of the same year**

Please allow ten working days for the processing of your application.

Please send your completed form and required documentation to:

**The Registrar, Christian Heritage College**  
**PO Box 2246, Mansfield BC, QLD 4122**

The date of application is the date on which this form is received by CHC.

You will be advised in writing of the outcome of your application. If your application is successful, you are required to provide CHC with official confirmation of the details of your enrolment at the host institution.

Upon successful completion of the units undertaken at the host institution, you are to submit a completed CHC *Application for Transfer of Credit* form to credit these units into your CHC award. This form is to be accompanied by the letter granting approval to undertake the cross-institutional study and the host institution's official Statement of Results for the units concerned.

Please be aware that if you are undertaking a cross-institutional unit in your final semester of study, CHC cannot guarantee the finalisation of your results from the host institution in time for CHC's graduation processes. This may result in the conferral of your award being delayed until the following conferral process.

### NAME AND CONTACT DETAILS

<p><b>Name:</b></p> <p>Title (Dr/Mr/Mrs/Ms/Miss/etc): .....</p> <p>Family Name: .....</p> <p>Given Names: .....</p> <p>Preferred Given Name: .....</p> <p><b>Student Number:</b> .....</p> <p><b>CHC Course:</b></p> <p>Course Name: .....</p> <p>Course Code: .....</p>	<p><b>Address:</b></p> <p>Street: .....</p> <p>Suburb: .....</p> <p>State: ..... Postcode: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Phone: Day <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Mobile <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
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**Are you a domestic student or an overseas student?**

Domestic

Overseas - You must consult the CHC Registrar's Office prior to applying to transfer to a new course.

**DETAILS OF APPLICATION**

**Name of host institution:** .....

**Semester and Year of proposed enrolment?** Sem   Year

**Reason(s) for applying to undertake cross-institutional enrolment?**

Arrangement with institution

Unit(s) not offered at CHC

Moving away

Complete award/maintain full study load

Other - .....

Please list below the codes and titles of the units you wish to undertake at the host institution, and the CHC unit (code and title) for which specified credit is requested, or indicate if the unit is to be for unspecified credit as an elective. The nominated limit on the number of units which can be undertaken on a cross-institutional basis in any given semester is two (2) – if you wish to undertake more than this number of units, please contact your Course Coordinator. Please note that this form will not be processed without detailed unit outlines being provided for each unit listed below.

Unit Code	Unit Title	CHC Unit Code & Title (if specific credit)	OR	Elective
.....	.....	.....		<input type="checkbox"/>
.....	.....	.....		<input type="checkbox"/>

**DECLARATION**

Please read the following statement, then sign and date the form before returning it to the address indicated on page 1 of this form.

I declare that the information provided on this form, including any and all attachments is, to the best of my knowledge, correct and complete in every detail. I accept that it is my responsibility to provide all necessary information regarding this application.

I understand that CHC collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal and/or other regulatory requirements.

Signature of Applicant: ..... Date: ..... / ..... / .....

<b>OFFICE USE ONLY</b>	1. REGISTRAR	Initials .....	Date .....	/	.....	/	.....
	2. COURSE COORDINATOR	Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total FEE-HELP cross-institutional cp <input type="text"/>	(max. 80)	Initials ..... Date .....
	3. REGISTRAR	Initials .....	Date .....	/	.....	/	.....
	4. STUDENT ADMIN	Letter sent <input type="checkbox"/>	Entered <input type="checkbox"/>	Initials .....	Date .....	/	.....