

Office Use Only Date Received _____ Received by _____	<h1>APPLICATION FOR CROSS- INSTITUTIONAL ENROLMENT FORM B</h1>	 CHC
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Use this form if you are currently enrolled in a course of study at another institution (the 'home' institution) and wish to undertake units of study at CHC for credit towards your award.

This form is to be accompanied by a certified copy of your official academic record from the home institution, and written advice (or the appropriate form) from the home institution approving the undertaking of units of study at CHC.

To apply for cross-institutional enrolment, submit this form, with the accompanying documents, no later than three weeks prior to the commencement of the relevant semester at CHC. Forms which are submitted without the necessary documents will not be processed.

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.

NAME AND CONTACT DETAILS

Name: Title (Dr/Mr/Mrs/Ms/Miss/etc): Family Name: Given Names: Preferred Given Name: Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (dd/mm/yyyy) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address: Street: Suburb: State: Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Phone: Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Email (mandatory):
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CHC STUDY HISTORY

Have you previously been a student at CHC? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you previously applied for cross-institutional studies at CHC? <input type="checkbox"/> No <input type="checkbox"/> Yes
If you answered 'Yes' to either of these questions, please provide the following information:	
CHC Student Number:	Previous Name (if changed):

CITIZENSHIP/RESIDENCY STATUS

What is your current Citizenship/Residency Status?

1. Australian Citizen - you are an Australian citizen (note: this includes Australian citizens who hold dual citizenship);
2. New Zealand Citizen - you are a New Zealand citizen or a diplomatic or consular representative of New Zealand, a member of the staff of such a representative or the spouse or dependent relative of such a representative, excluding those with Australian citizenship (note: this includes any such persons who have Permanent Resident status);
3. Permanent Resident - you have a Permanent visa *other than* a Permanent humanitarian visa;

- 4. Temporary Resident - you have a temporary entry permit or are a diplomat or a dependent of a diplomat (except New Zealand) and you are residing in Australia during this unit of study;
- 5. Other - Not one of the above categories and you are residing outside Australia during the unit of study; or
- 6. Humanitarian Visa holder - you have a permanent humanitarian visa.

Are you Aboriginal or Torres Strait Islander?

- Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Neither

Were you born in Australia?

- Yes No - In what country were you born:
- In what year did you arrive in Australia: OR Are you living overseas:

What is the language spoken at your permanent home address? (If you are a temporary resident, this is the language spoken in your country of origin)

- English only Language other than English (please name):

ENROLMENT DETAILS

Year left school?

Did you complete Year 12 in Australia this year or last year (domestic students only)?

- No Yes - School name: State:
- Tertiary entrance score: Scale (eg OP/UAI/TER):
- Home suburb at the time of completing Year 12: Postcode:

Did you complete Year 12 outside of Australia this year or last year?

- No Yes - Home postcode at the time of completing Year 12:.....

Have you previously enrolled in another Higher Education Provider? (This includes higher education institutions, and some TAFE colleges and CAEs)

- No Yes - Name of institution:
- State in which the institution is located: Student Number:

Do you have a disability, impairment or long term medical condition which may affect your studies?

- No Yes - Please indicate: Hearing Learning Mobility Vision Medical Other
- Would you like to receive advice on support services, equipment and facilities which may assist you? No Yes

Education parent 1? PG Bachelor Other post sec Completed yr 12 or equivalent Did not complete yr 12 or equivalent
 Completed yr 10 or equivalent Did not complete yr 10 or equivalent Don't know

Education parent 2? PG Bachelor Other post sec Completed yr 12 or equivalent Did not complete yr 12 or equivalent
 Completed yr 10 or equivalent Did not complete yr 10 or equivalent Don't know

HOME INSTITUTION DETAILS

Name of Home Institution: **Year last enrolled:**

Course of Study: **Student Number:**

PROPOSED CHC STUDY DETAILS

CHC School:

Business
 Christian Studies
 Education & Humanities
 Ministries
 Social Sciences
 Millis Institute

CHC Units:

Unit Code	Unit Title	Mode*	Semester & Year	
.....	Sem <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
.....	Sem <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

* Mode: *Internal* – on campus (includes Intensives); *External* – distance education

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 and that the provision of incorrect or incomplete information may result in the cancellation of my offer of enrolment and/or enrolment at CHC. I accept that it is my responsibility to provide all necessary evidence of my qualifications, studies and experience, and I authorise CHC to obtain further information where necessary in the processing of this application.

I have read and I understand CHC's policy concerning Census dates and refunds. If admitted to CHC, I undertake to comply with CHC's Code of Conduct.

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: / /

HOME INSTITUTION TO COMPLETE

The following authorisation is to be completed by an officer of the home institution OR a letter of authorisation from an officer of the home institution, containing the following information, is to be attached to this application.

At the home institution, this student is:

A tuition fee paying student
 A pre-2008 Commonwealth supported student
 A 2008+ Commonwealth supported student
 A 2010+ Commonwealth supported student

And is assisted with:

FEE-HELP
 HECS-HELP
 Neither
 Both

Approval is given for this student to undertake the nominated unit(s) at Christian Heritage College. Upon successful completion of the unit(s), credit will be given to the student's course at the home institution.

Home Institution Officer:

Name: Position:

Signature: Date: / /

Institution Stamp:

OFFICE USE ONLY	1. COURSE COORDINATOR	Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Initials	Date	/	/
	2. REGISTRAR	Status	Fee <input type="checkbox"/>	CSP <input type="checkbox"/>	Eligible for	FEE-HELP <input type="checkbox"/>	HECS-HELP <input type="checkbox"/>	Neither <input type="checkbox"/>		
			Initials	Date	/	/		
	3. STUDENT ADMIN	Letter sent <input type="checkbox"/>	Entered <input type="checkbox"/>	Initials	Date	/	/	