

# APPLICATION

## POSTGRADUATE COURSEWORK



THE UNIVERSITY  
OF QUEENSLAND

A U S T R A L I A

Brisbane Qld 4072 www.uq.edu.au  
CRICOS Provider Number 00025B

### 1 INSTRUCTIONS AND GENERAL INFORMATION

- Applications for **first semester** are due by **31 January\***. **Second semester applications** are due by **30 June\***. If available for your program, **Summer session applications** are due by **31 October**.
  - Late applications may be accepted, but consideration cannot be guaranteed.
  - Submit your application to a Student Centre:
    - St Lucia – Level 1 JD Story Building (61)
    - Ipswich – Level 2 Building 8
    - Gatton – Building 8101A
  - Successful applicants will be advised on enrolment procedures, relevant dates and fees and charges.
  - Further information on postgraduate studies including scholarships, fees and charges, remote status application materials and links for international students is available on the University's web site at [www.uq.edu.au](http://www.uq.edu.au)
- \* Different due dates apply in some schools, particularly in Health Sciences. You should confirm the due dates with your school.

#### Privacy Statement

The University of Queensland complies with Australian and Queensland privacy laws and guidelines. Information collected is treated as confidential and is used for administrative or educational purposes only and to keep in touch with you after you graduate. To comply with legal and administrative obligations personal information is supplied to government agencies. Personal information will not be disclosed unless you agree or the law requires disclosure. Personal information may be used to prepare statistical information which is then distributed in a form that does not identify anyone.

#### Disability support

The University is committed to accessibility in teaching, learning and the physical environment and a number of facilities and services are available. Students with a disability should contact a Disability Advisor the year before they intend to commence studies at UQ. Disability Advisor: [www.sss.uq.edu.au](http://www.sss.uq.edu.au) (see Disability Program) Phone (07) 3365 1704.

#### OFFICE USE ONLY

EMPL ID

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### 1 PERSONAL DETAILS

Name:

Title: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Gender:  Female  Male

Date of Birth:

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Your University of Queensland student number (if known) or previous name (if enrolled under another name):

\_\_\_\_\_

- Citizenship:  Australian citizen  
 New Zealand citizen\*  
 Australian permanent resident\*  
 Australian permanent resident (Humanitarian visa)\*

\*Please supply certified documentary evidence

If none of these categories, please apply on application form for International students.

### 2 CONTACT DETAILS

Mailing Address:

Country: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Email(s):

\_\_\_\_\_

Telephone:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_

Facsimile: \_\_\_\_\_

### 3 PROGRAM OF STUDY

**A** Proposed semester of commencement (1st; 2nd):  Of Year:

**B** I am applying for admission to the program:

Postgraduate Bachelor of Honours in \_\_\_\_\_

Graduate Certificate in \_\_\_\_\_

Graduate Diploma in \_\_\_\_\_

Master (by Coursework) of \_\_\_\_\_

Master Advanced (by Coursework) of \_\_\_\_\_

Professional Doctorate of \_\_\_\_\_

**C** In the **Plan** of (eg History; Animal Studies):

**D** Proposed attendance:  Full-time      Mode:  Internal  
 Part-time                       External

**E** Course codes for coming semester/year:  
Semester/Year

Semester/Year	Course code/s

**F** If you have applied or intend to apply for an alternative degree program, please give details:

### 4 ACADEMIC QUALIFICATIONS

Please outline your academic background and relevant experience below, and **attach supporting transcripts/documents**.

**A Academic Qualifications:** Complete certified academic transcripts of degrees and diplomas undertaken must be attached, unless qualifications are from The University of Queensland. **Photocopies and English translations must be officially certified as true copies of the original documents.**

Completion date (or years enrolled if incomplete)	Name of Degree/Diploma (including level of honours)	Name of Institution

**B English Proficiency:** If English is not your first language please indicate current level of English proficiency and attach certified copies of English proficiency test results or other supporting evidence. For further information on English proficiency requirements, please see [www.uq.edu.au/hupp/index.html?page=25467](http://www.uq.edu.au/hupp/index.html?page=25467)

## 5 CREDIT / EXEMPTION

Source Institution(s):

Current UQ Program Title:

Current UQ Field/Plan/Major:

**Credit/Exemption sought:** (attach separate sheet if insufficient space)

*Please tick applicable box*

### Source Institution information

Credit	Exemption	Course code	Course title	Units
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
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<input type="checkbox"/>	<input type="checkbox"/>			

### UQ information (if applicable)

Equivalent UQ Course code	UQ Course(s) for which credit/exemption is sought	Units

### OFFICE USE ONLY

*Indicate with initials*

Approved	Not Approved
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

## 6 REFEREES AND EMPLOYMENT HISTORY

Required for some programs: please see the Prospectus or the UQ Website [www.uq.edu.au/study](http://www.uq.edu.au/study) to check if this information is required for your program.

**Referees:** Nominate two employers who can be contacted for confidential references:

Title: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone (w): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Title: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone (w): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode \_\_\_\_\_

### Employment History:

Employer's name	Date commenced	Date finished	Position	Nature of duties

## 7 STATEMENT BY APPLICANT

### I agree:

- to notify The University of Queensland if there is any change to the information I have given in this application;
- to permit The University of Queensland to access my results from other institutions directly or through *Qualsearch* when assessing this application;
- to comply with the rules on admission and enrolment at The University of Queensland;
- if sponsored, to permit The University of Queensland to release details of my academic progress to my sponsoring body on request.

### I understand:

- that The University of Queensland may vary or cancel any decision it makes if the information I have given is incorrect or incomplete;
- that The University of Queensland is not responsible for documents submitted, and the documents become the property of the University.

Signature:

Date:

**If your application is approved, you will be issued with instructions for online enrolment which outline enrolment and fee-paying procedures and applicable due dates.**

### Commonwealth assistance under the *Higher Education Support Act 2003*

For more information see  
[www.backingaustraliasfuture.gov.au/student\\_info.htm](http://www.backingaustraliasfuture.gov.au/student_info.htm)

### I understand that:

- UQ is collecting the information in this form for the purposes of assessing my entitlement to Commonwealth assistance under the *Higher Education Support Act 2003* and allocation of a Commonwealth Higher Education Support Support Number (CHESSN) to me;
- UQ will disclose this information to the Department of Education, Science and Training (DEST) for those purposes;
- DEST will store the information securely in the Higher Education Information Management system;
- DEST may disclose the information to the Australian Taxation Office (ATO); and
- UQ and DEST will not otherwise disclose the information without my consent unless required or authorised by law.

→ PLEASE LODGE THIS FORM WITH THE STUDENT CENTRE AT YOUR CAMPUS

## 8 RECOMMENDATION OF HEAD OF SCHOOL (or nominee)

**A** Candidate qualified and recommended for admission:  Yes  No

Special conditions/comments:

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**B** Proposed attendance:  Full-time      Mode:  Internal  
 Part-time                                       External

**C** Recommended credit for previous studies: (refer section 5 Credit/Exemption)

Total Units: \_\_\_\_\_ Comments: \_\_\_\_\_

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**D** Academic Advisor/Program coordinator: \_\_\_\_\_

For joint enrolments, signatures are required from both Heads of Schools.  
 If the candidate is based in a Centre, the Centre Director may sign in addition to the Head of School.

Name:

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Name:

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School:

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School:

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Signature:

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Date:

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Signature:

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Date:

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## 9 STATEMENT BY EXECUTIVE DEAN / DIRECTOR OF STUDIES

Candidate approved:  Yes  No

Credit for previous studies approved:  Yes  No

Special conditions/comments:

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Name:

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Signature:

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Date:

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### OFFICE USE ONLY

	Action	Status	Action Officer Initial/Date	Comments
1	Internal Academic Record attached			
2	SI-net entry – Search/Match			
3	Enter Application details • Evaluate • Decision recorded • Admit • Matriculate • Term Activate			
4	Enrolment Pack posted			
5	File			