



Application for Cross-Institutional Study

(University of South Australia domestic, international and offshore students applying to study at another institution)

This is NOT an enrolment form. If your application for cross-institutional study is approved by UniSA you will need to complete the enrolment procedure at the OTHER provider in the manner required by their admissions office. Once you have completed your cross-institutional studies, it is your responsibility to request a certified results notice or official Academic Transcript from the OTHER provider and then apply for credit at UniSA.

Please refer to University policy A-13: Recognition of prior learning
<http://www.unisa.edu.au/policies/policies/academic/A13.asp> for more information.

LODGING YOUR APPLICATION

Please ensure that your form has been approved and signed by your Program Director prior to enrolling in a cross-institutional course at another provider. Failure to do so may result in the course not being credited towards your current program at UniSA.

Offshore students please lodge your completed form with your partner Institution

In person

City East

Campus Central
Level 3
Playford Building

Mawson Lakes

Campus Central
Ground Floor
A Building

City West

Campus Central
Ground Floor
Yungondi Building

Mount Gambier

Regional Centre Office
Wireless Road
Mount Gambier SA 5290

Magill

Campus Central
Level 1
B Block

Whyalla

Campus Central
Ground Floor
Main Building
111 Nicolson Avenue
Whyalla Norrie SA 5608

By post

University of South Australia
Campus Central – (name of campus)
GPO Box 2471
Adelaide SA 5000

By fax

City East	(08) 8302 2466
City West	(08) 8302 0590
Magill	(08) 8302 4090
Mawson Lakes	(08) 8302 3550
Mount Gambier & Whyalla	(08) 8647 6082

Part A: Personal details			
Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Miss/Ms/Mrs:	First name(s):		
Family name:			
Date of birth:	Contact No:		
Are you on a student visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, obtain a CoE from the other provider for the period you will be studying there.			

Part B: Program details:	
Program code:	
Program title:	
Which other provider do you wish to enrol?	
Have you ever been enrolled at this provider before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', provide your student ID number for the other provider :	

Part C: Enrolments									
Enter the courses you wish to study at the other provider below. Enter the equivalent UniSA courses following your Program Director's advice.					Equivalent UniSA Courses				Program Director
No.	Course ID	Name of course	Unit value	Subject Area	Catalogue Number	Name of Course	Unit Value	Approved Yes/No	
1									
2									
3									
4									

Part D: Authority to study			
Authorisation from <u>other</u> provider		UniSA Program Director Declaration	
This student is authorised to study the subjects/courses listed above		This student is authorised to enrol in the subjects/courses listed above and upon successful completion will be eligible for credit at UniSA for the equivalent courses.	
Staff member's name:		Program Director's name:	
Staff member's position			
Signature:	Date:	Program Director's signature	Date:

CAMPUS CENTRAL USE ONLY			
Received by:	Date:	Processed by:	Date: