

This form is to be used when a student cannot enrol themselves into a course due to the special permission required. Students should check the type of override below to see what authorisation is needed. If the Add deadline has passed, the student must also have permission from the Course Coordinator for late enrolment.

### Personal details

Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Miss/Ms/Mrs:	First name(s):							
Family name:								
Date of birth:	Contact No:							
Program code:	Program title:							
Career:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Non-Standard					

### Add Class

Study period	Subject area	Catalogue number	Description	Class type	Class number	Day	Time
			Related class 1				
			Related class 2				

### Enrolment Override Type

### Permission required

Override Request	Description	Program Director	Course Coordinator
<input type="checkbox"/> Override Career	Allows Undergraduate to select Postgraduate classes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Override Permission	Relates to enrolments that require permission or consent, e.g. Directed Study		<input checked="" type="checkbox"/>
<input type="checkbox"/> Override Requisites	Overrides enrolment restrictions entered against classes		<input checked="" type="checkbox"/>
<input type="checkbox"/> Override Unit Load	Allows one-off override of a student's load, e.g. to allow more than full time load to be taken in a given study period	<input checked="" type="checkbox"/>	

### Program Director authorisation (if required)

Program Director's (Authorised nominee) name:

Signature:

Date:

I confirm that the student is not at risk as a result of this enrolment.

### Course Coordinator authorisation (if required)

Course Coordinator (Authorised nominee) name:

Signature:

Date:

I confirm that the student has met the prerequisites to undertake the course.

(If applicable) I agree to allow this student start the course after the Add deadline

### Student declaration:

I authorise Campus Central to process this enrolment on my behalf

Signature:

Date:

**LODGING YOUR APPLICATION****With Campus Central****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 Bld  
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	+61 8 8302 2466
City West	+61 8 8302 0590
Magill	+61 8 8302 4090
Mawson Lakes	+61 8 8302 3550
Mount Gambier & Whyalla	+61 8 8647 6082

**OFFICE USE ONLY****Campus Central**

Student emailed to advise of enrolment

Date received:

Date processed:

Received by:

Processed by: