

Headstart Continuing ENROLMENT FORM 2016



APPLICATION CLOSING DATES: Friday 30 October 2015 for study in Semester 1, 2016
Friday 27 May 2016 for study in Semester 2, 2016

Enrolment form to be used by Headstart students wishing to continue their studies at USC.

Please note:

- Complete this form using Acrobat Reader, print a hard copy and ensure all parties have signed the form before submitting to USC.
- Students may complete a maximum of two USC courses (one course per semester) across Years 11 and 12.
- Students may enrol in a second semester of Headstart study only if they receive at least a passing grade in their first semester of Headstart study. Students currently completing their first course will receive a conditional offer.
- For information about the 2016 tuition fees visit www.usc.edu.au/fees

OFFICE USE ONLY

Student ID: _____ Semester of enrolment: _____

Application number: _____

Scholarship awarded: Did not apply No, not successful

Yes, (please specify) _____

1. Personal details

USC student number _____

Given name/s _____ Family name _____

School _____ Learning Unique Identifier (LUI) _____

(contact your school office for your LUI)



Please submit completed and signed form to:

Admissions
Student Administration—ML23
University of the Sunshine Coast
Locked Bag 4
MAROOCHYDORE DC QLD 4558

2. Contact details

Daytime telephone number _____ After hours telephone number _____

Mobile telephone number _____ USC email address _____@student.usc.edu.au

3. Mailing address

Number and street *(or PO Box)* _____

Suburb or town _____ State _____ Postcode _____

4. Course in which enrolment is sought

Which year and semester do you wish to commence study? Year _____ Semester 1 2 *(please tick ✓)*

In the table below, enter the course code and course title for the course you wish to enrol in. Refer to the timetable on the USC website to select your lecture, tutorial and workshop/laboratory session times (if applicable). **Please note** that you must provide three preferences for class times for all classes where available. The timetable is expected to be available from 12 October 2015 for study in Semester 1, 2016 and 16 May 2016 for study in Semester 2, 2016.

Course code (eg COR109)	Course title (eg Communication and Thought)

Tutorial preferences (eg T10)			Computer workshop/Laboratory/Workshop preferences (if applicable) (eg CW5)			Lecture preferences (eg L9)		
1	2	3	1	2	3	1	2	3

5. Headstart scholarship

A number of Headstart scholarships are offered each semester for domestic students. These assist students from low-income families, or students who identify with other recognised equity groups including Aboriginal and Torres Strait Islander peoples or students with a disability.

Scholarships are for one semester of study and cover the Headstart course tuition fee.

For your application for a Headstart scholarship to be considered, you must attach the supporting documentation outlined below for the category or categories that you identify with.

Do you wish to apply for a Headstart scholarship? No Yes—I wish to apply for a Headstart scholarship because I am: *(please tick ✓)*

from a low-income family background

If you or your parent/s are in receipt of a Centrelink income support payment (eg Youth Allowance, Parenting Payment), please attach a recent Centrelink Income Statement. If you are not in receipt of Centrelink benefits, please provide a copy of your parents' most recent ATO Notice of Financial Assessment and any other relevant documentation to support your claim for low-income status.

an Indigenous Australian

If you are an Indigenous Australian, please provide either:

- a letter of verification from your local community Elder; or
- confirmation in writing with the common seal from the chairperson of the Aboriginal or Torres Strait Islander incorporated organisation in a community in which the applicant lives or has previously lived

a person with a disability, impairment or long-term medical condition

If you suffer from a long-term medical condition or disability, you must provide documentary evidence (eg letter or report from a medical practitioner)

a recipient of the Headstart Rise and Shine scholarship

6. Applicant declaration

I agree to obey the policies, guidelines and rules of the University of the Sunshine Coast as far as they may apply to me. I declare that the information supplied herein is correct and complete. I authorise the University to obtain official records from any other educational institution previously attended by me, and acknowledge that the University reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. If any information is discovered to be untrue or misleading in any respect, I understand that the University may collect, store and disclose this information to Universities Australia and Universities Australia member institutions and any other relevant authority.

The University of the Sunshine Coast uses email and/or mail to communicate administrative matters to students. I agree to check my University email account on a regular basis and to maintain current mailing address details on USC Central. I consent to the below signed parent/guardian being provided with information about my student record and grant them the ability to make requests for amendments to my application or enrolment status.

The University of the Sunshine Coast is collecting the information on this form to carry out its functions under the University of the Sunshine Coast Act 1998. The University may disclose some, or all, of this information to appropriate agencies if required including the Commonwealth Department of Education, Employment and Workplace Relations and the Australian Taxation Office. More information on privacy is available online at www.usc.edu.au/privacy

Applicant signature _____ Date _____

Parent/guardian signature _____ Date _____

→ To be completed by School Coordinator

- I support this student's application for the Headstart program.
- This student has achieved strong academic results and demonstrates the maturity and commitment required to successfully complete the Headstart Program.
- I agree to meet with this student regularly to discuss their progress and inform the University of any relevant issues.

Name _____ Signature _____ Date _____

Position _____ Email _____ Telephone _____