



Application for Admission – Audit Students

This application is to be completed in accordance with the Application Guide - see Forms on the University website at www.divinity.edu.au. It is recommended that you submit your application a minimum of two weeks before your intended semester start date. Late applications may not be accepted. Once your application is received it is checked to ensure that all relevant documents are provided. An incomplete application will delay processing.

Personal information

Personal details					
Title			Name suffix (if applicable)		
Given name/s					
Family name					
Preferred given name			Previous family name		
Have you previously been a University of Divinity or MCD student or applicant?	<input type="checkbox"/>	Yes	College		
	<input type="checkbox"/>	No			
Postal address					
<i>Correspondence will be sent to this address</i>					
Address line 1					
Address line 2					
Town/Suburb			Postcode		
State			Country		
Residential address (If different from postal address)					
Address line 1					
Address line 2					
Town/Suburb			Postcode		
State			Country		
Contact details					
Home phone			Day phone		
Mobile					
Email (required)					
Additional personal details					
Date of birth	/	/	(dd/mm/yyyy)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation (optional)					
Denomination (optional)					
Diocese/Congregation (optional)					
Feedback					
How did you hear about this College or this University?					
Emergency contact					
Emergency contact name			Emergency contact relationship		
Day contact phone			Mobile		
Office Use Only					
		UD ID:			College ID:

Course and College

Level of unit choice	
<input type="checkbox"/>	Audit undergraduate units (AudUG)
<input type="checkbox"/>	Audit postgraduate units (AudPG)

Home College
<input type="checkbox"/> Trinity College Theological School (TRI)
<i>Note: College abbreviations are to be used in unit selection section</i>

Previous education

List in chronological order. NB: Evidence must be supplied for all qualifications claimed. Provide certified copies of all official results of units/subjects taken, including grades and percentages. Transcripts are not required for University of Divinity/MCD results.

Highest secondary schooling attained	Full name of institution	Town/suburb	State	Year completed	What language?	Transcript provided?
						<input type="checkbox"/>
Degree / Diploma / Certificate / Other	Full name of institution		Country	Year completed	What language?	Transcript provided?
						<input type="checkbox"/>
						<input type="checkbox"/>

Medical/disability needs

Do you have any disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered 'Yes' to the above question, please indicate the type/s of disability</i>		
<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning	<input type="checkbox"/> Mobility
<input type="checkbox"/> Vision	<input type="checkbox"/> Long-term medical condition	<input type="checkbox"/> Other:
Would you like to receive information on medical/disability support services, equipment or facilities available that may assist you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Proposed program of audit units

Study mode legend			
CB	Classroom-based	OL	Online
IW	Intensive/Workshop	MM	Mixed Mode

Unit selection				
Unit code	Unit name	College	Study mode	Office use only
Pre-semester 1 intensives				
		TRINTY		
		TRINTY		
Semester 1 units (S1)				
		TRINTY		
		TRINTY		
Mid-year intensives				
		TRINTY		
		TRINTY		
Semester 2 units (S2)				
		TRINTY		
		TRINTY		
Other intensives				
		TRINTY		
		TRINTY		

Terms and Conditions of Enrolment and Declarations

Privacy statement

The information on this form is collected for the primary purpose of assessing your application. Other purposes of collection include the creation of a record on the student database, attending to administrative matters, corresponding with you, and statistical analyses. Personal information may be disclosed to authorised bodies and the permitted purposes for which such personal information may be used, as authorised by the Higher Education Support Act 2003. Information relating to the studies of seminarians and members of religious orders may also be disclosed to your seminary and/or religious superior. You have a right to access personal information that the University of Divinity holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about handling of your personal information, please contact the University of Divinity at enquiries@divinity.edu.au.

Declaration and signature

I declare that the information provided by me is true and correct. I understand that if I have misrepresented my details in any way, then the University of Divinity may terminate any candidacy offered to me.

I accept responsibility for ensuring that the tuition fees for all units in which I enrol are paid on time.

I agree to abide by the *Statement of Rights, Responsibilities and Conduct of Members of the University* published on the University of Divinity website at www.divinity.edu.au/documents/statement-rights-responsibilities-conduct.

Applicant's signature		Date	/ /	(dd/mm/yyyy)
-----------------------	--	------	-----	--------------

Your checklist

Important checklist to avoid delays in processing your application

<input type="checkbox"/>	Provide certified copies of personal identification documents
<input type="checkbox"/>	Complete payment details on form (<i>see last page</i>)
<input type="checkbox"/>	Read and sign the declaration
<input type="checkbox"/>	Make a copy of your application for your records

Lodging your application

Complete, consult, sign and submit to the Coursework Coordinator/Dean at your College.

If you are accepted into the course you will be sent a Welcome Letter with an Enrolment Summary from your College. It is your responsibility to contact your college if you do not receive acknowledgement of receipt of application for admission, and/or confirmation of enrolment.

Coursework Coordinator checking and approval—domestic coursework

Application checklist

I have checked this student's application for admission and proposed study program, and confirm that

- unit codes and unit names listed on the form are correct
- the applicant has the correct prerequisites for each proposed unit
- applicant name, ID and payment method are indicated in Tuition Fees section. Cheque/money order is attached if this is the payment method.

This applicant:

- is permitted to audit the units listed in the Study Program above

Coursework Coord. _____ Signature _____ Date _____

College Office Administration

- Payment details are included and have been processed
- Data entered in TAMS

Name _____ Signature _____ Date _____

Tuition fees

Please insert your full name and your Trinity ID if known.

Family name		TRINITY ID	
Given name/s		Course	AUDIT UG or PG (select one)

2017 tuition fees—for standard 15-point unit

- Audit fees vary between Colleges. Payment for Audit units is to be made to Colleges.
- Audit enrolments are not available to international students in Australia studying on Overseas Student Visas.

Undergraduate: \$300.00

Postgraduate: \$300.00

All tuition fees are to be paid prior to the commencement of the unit. Please note that tuition fees may vary from year to year.

Please note that **FEE-HELP** is not available for audit units.

All **AUDIT** tuition fees are paid upfront. Payment for the current semester units must be included. For fees that are due for the remainder of the year, payment is required prior to the commencement of the unit/s.

Students with unpaid fees will not be permitted to attend classes or use libraries.

Method of payment

How will you pay your tuition fees?

Upfront payment – payable to TRINITY COLLEGE			
<input type="checkbox"/>	Credit Card authorisation		
	PLEASE NOTE: As from 1 January 2017, a surcharge of 0.4% for Visa/MasterCard and 1.65% for American Express will be added to all credit card payments made to Trinity College. To avoid the surcharge, please use one of the other options below.		
	Please charge the following credit card	<input type="checkbox"/>	MasterCard
		<input type="checkbox"/>	Visa
	Card number	_ _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _	
	Card expiry date	/ /	CVC no. (last three digits on reverse of credit card)
	Amount	\$	Date to deduct from card / /
	Signature		
	Name on credit card		
<input type="checkbox"/>	SEMESTER 2 – I authorise payment with the nominated credit card for Semester 2. <i>Payment processed two (2) weeks prior to the start of the semester or soon after if a date is not specified.</i>		
	Signature	Date to deduct from card	/ /
<input type="checkbox"/>	Bank Transfer (from an account in Australia)		
<input type="checkbox"/>	Bank: National Australia Bank Account Name: Trinity College General Account Branch (BSB) Number: 083 170 Account Number: 515 617 691		
	Amount of transfer:	\$	
	Please include the words "TCTS Audit" and your surname in the transaction description		
<input type="checkbox"/>	Cheque/money order enclosed	Amount	\$ Make cheques payable to Trinity College