Cross-institutional Student Application Form

Please ensure that you answer ALL of the following questions to ensure correct processing of your enrolment. ☑Please tick where appropriate

Personal Details			
Surname:		**Given Name/s:**	
Date of Birth:		**Visa End Date**	
Phone Number:		**Mobile Number:**	
Email Address:			
Student ID:		**CoE End Date:**	

Please indicate the unit that you wish to apply the cross-institutional study for	
Course Studying at EIA	**Commencement date:** _____/_____/_____ **Expected Course End date** _____/_____/_____
Unit(s) code and name you wish to study at an external institution: **EIA unit Code and Name:** **Other Institute's Unit Code and Name:**	**Start date:** _____/_____/_____ **Expected End date** _____/_____/_____
Name of external institution:	**City / Country:**
Explain the Reason why you wish to apply for Cross Institutional Study:	

Edvantage **Institute Australia Pty. Ltd.** ABN: 32 617 256 818
CRICOS Code: 03879J TEQSA Provider Number: PRV14317

Please ensure that you have read the Guarantee Statement below before you sign this form

Student Declaration	
☐ **I declare that the information on this enrolment form is to the best of my knowledge, true, accurate and absolute at the time of this enrolment.**	
☐ **I further acknowledge that any false information and not disclosing relevant information for enrolment of this qualification will result in the cancellation of my enrolment at EIA.**	
☐ **I understand that it is my full responsibility to provide all relevant and required documentation and answer all questions truthfully**	
☐ **I have USI, and my USI is _____**	
Student Name:	
Student Signature:	**Date:**

Unit Outline from the Other Provider
Have you attached the unit outline rom the other provider? o **I declare that I have attached the requested file**

Official Use Only			
Assessing Officer:		**Assessment Date:**	
Assessment Outcome: (Approved/ Denied) :			
Grounds for the Decision:			
Signature:		**Date:**	

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