

Semester: ..... Year ..... Are you intending to complete your course this year?  Yes  No ACT #: .....

Title: ..... Given Name(s): ..... Family Name: .....

Semester Postal Address: ..... Postcode: .....

Contact details permanent (if different): .....

Phone (home): ..... Mobile: ..... Email: .....

Course (please tick box):  CertIVMin  Dip Min  AdvDipMin  Dip CC  VocGradDipMin  Audit  Selected units only

UNIT CODE:	UNIT TITLE	OFFICE USE ONLY
Project Title:	Supervisor:	

Reminder: Faculty/Academic Dean are available to discuss selection of units (book appointments through the office)

Are you a FEE-HELP student?  Yes  No - If YES, have you previously submitted a FEE-HELP Assistance Form? Yes/No

If cross-enrolling elsewhere: ..... (institution & unit)

### REGULATIONS

Refer to separate sheet regarding "VARIATION OF ENROLMENT" with dates and fees as applicable

### DECLARATION

I have read the regulations and certify that to the best of my knowledge the above details are correct. I understand that: the information on this form is collected for program administration purposes; authority to collect this information is contained in the Higher Education Support Act 2003; information may be shared between the Australian Taxation Office, Department of Education, Employment and Workplace Relations and the Department of Immigration and Citizenship; and information may not otherwise be disclosed without my consent unless authorised or required by law. I understand that giving false or misleading information is a serious offence under the Criminal Code.

I hereby declare that I will abide by all the Policies and Procedures as set out in the Vose Student Handbook - go to [www.vose.wa.edu.au](http://www.vose.wa.edu.au) follow the link: <http://www.vose.wa.edu.au/view/resources/currentstudents/>

I have read and agree to abide by the guidelines in the 'Introducing Vose Library' booklet.

Signature of Candidate ..... Date: .....

(NB: ONLY the candidate may sign this form – no proxy signatures will be accepted)

### SEMINARY PRINCIPAL OR ACADEMIC DEAN ENDORSEMENT:

The above candidate has fulfilled the pre-requisites in order to enrol for the above units

Seminary Endorsement signed: ..... Date: .....

Office Use Only:	
Fee-Help Form <input type="checkbox"/>	P/Plan Form <input type="checkbox"/>
Parking Permit <input type="checkbox"/>	Student Card <input type="checkbox"/>
Entered TAMS and/or Vose Database <input type="checkbox"/>	
Library Card <input type="checkbox"/>	ATLA <input type="checkbox"/>
Library Card №	