



This form is to be completed by Offshore students wishing to enrol in up to 2 (two) external courses offered by the University of South Australia.

The completed form is to be lodged with your Partner Administration Office.

You are advised to check myUniSA within 7 working days to confirm processing. If you have any concerns, please contact your Partner Administration Office for assistance.

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:							
Academic career:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Non-Standard					
Are you a full fee paying overseas student?	<input type="checkbox"/> Yes		<input type="checkbox"/> No					

Program Details

Program code:	Program title:
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DROP Courses:

Study period	Subject area	Catalogue number	Course Name	Class type	Class number	Day	Time

ADD External Courses:

This class/course also requires an Override form (for example full class) which I have submitted in conjunction with this application.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Study period	Subject area	Catalogue number	Course Name	Class type	Class number	Day	Time

Reason for enrolling in UniSA external course:

Student Declaration

I understand that I am responsible for payment, which is separate from any fees payable to the Partner Administration Office.

I also understand that upon receiving an invoice direct from the University, I am required to pay according to the terms on the invoice (and not through the partner administration office). I understand that I will not be eligible for fee refund if I withdraw after the census date. The following site provides details on the key dates: www.unisa.edu.au/Student-Life/Support-services/Student-administration/Academic-calendars/

Student Signature:	Date:
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Onshore Program Director Approval	
Staff members name:	
Staff members signature:	Date:

OFFICE USE ONLY	
Partner Administration Office	
Date received:	Date uploaded to Collaborate™:
UniSA Office: Student and Academic Services (SAS)	
Received by:	Processed by: