

APPLICATION TO ENROL BY PROXY

(Not applicable for International Student enrolments)



INSTRUCTIONS

You will be held liable for all actions taken on your behalf by your proxy.

- This form must be completed by you (the student) and the nominated proxy.
- This form must be presented at enrolment by the proxy.
- Your proxy must have an acceptable form of identification, ie Drivers Licence, Passport, Birth Certificate or Extract of Birth Certificate.
- Where subject choices need to be made, you should advise the proxy of your preferences.
- Your proxy must be able to pay all relevant fees on Enrolment Day by either cheque or credit card (Mastercard, Visa,) or EFTPOS only.
- To organise your Student ID Card, you will need to personally visit the student HQ (<http://studenthq.swinburne.edu.au>) and bring with you the receipt for payment of enrolment fees.

SECTION 1 TO BE COMPLETED BY THE STUDENT

Surname:	<input type="text"/>	Given Names:	<input type="text"/>
Number & Street:	<input type="text"/>	Suburb/Town/City:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
		Country:	<input type="text"/>
Date of Birth:	<input type="text"/>		
Course Code:	<input type="text"/>	Course Title:	<input type="text"/>
for the academic year	<input type="text"/>		

I accept responsibility for all actions on my behalf by my authorised proxy and undertake to ensure that my enrolment has been satisfactorily completed.

The person named below will act as my proxy for my enrolment and will bring all copies of completed relevant forms to the Enrolment Session. I acknowledge that while I am an enrolled student I agree to be bound by the applicable standards of conduct, statutes, regulations, policies and procedures of Swinburne University and to the lawful instructions of the officers of the University. I agree to pay all fees, levies and charges directly arising from my enrolment.

Signature of Student: Date:

SECTION 2 TO BE COMPLETED BY THE PROXY

Proxy's Surname:	<input type="text"/>	Proxy's Given Names:	<input type="text"/>
Phone No: BH	<input type="text"/>	AH	<input type="text"/>

Declaration by Proxy:

I agree to act as proxy for the enrolment and payment of related fees.

Signature of Proxy: Date:

OFFICE USE ONLY

Proof of Identity of Proxy sighted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Proof of student's Citizenship provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Authorised delegate signature: _____ Date: ____/____/____

PRIVACY STATEMENT

Swinburne University of Technology collects, uses and destroys personal information in accordance with our Privacy Policy. The Privacy Statement can be viewed at: www.swinburne.edu.au/privacy.htm