

Office Use Only

Application Number

Course Code

Receipt Number



UTS CRICOS Provider Code 00099F

APPLICATION FOR SPECIAL ADMISSION REFUGEES

1. APPLICATION DETAILS

I am an undergraduate applicant: state your UAC Reference Number UAC Ref No
I am a postgraduate applicant.

2. COURSE PREFERENCES

State your UAC undergraduate preferences at UTS.

Course Code 1. Course Code 4. Course Code 7.
Course Code 2. Course Code 5. Course Code 8.
Course Code 3. Course Code 6. Course Code 9.

State your postgraduate application preferences at UTS.

Course Name 1.
Course Name 2.
Course Name 3.

3. PERSONAL DETAILS

Your name as shown on your passport

Family Name
Given Names

Date of Birth

Day Month Year

Sex

Male Female

Your home address

Address lines and Postcode/Zip

Phone

Country Area Local Number

Fax

Country Area Local Number

Email

Email field

Your address for correspondence

Address lines and Postcode/Zip

Phone

Country Area Local Number

Fax

Country Area Local Number

Email

Email field

4. HAVE YOU LODGED AN ILLNESS/MISADVENTURE APPEAL WITH THE BOARD OF STUDIES?

No Yes If yes, provide copies of documents submitted to and received from the Board of Studies.

5. REFUGEE AND RESIDENTIAL STATUS

I am an Australian citizen*
I am an Australian permanent resident*

* You must attach a verified copy of your passport and visa (or other evidence) showing refugee status.

IMPACT: Indicate below your assessment of the likely impact the educational disadvantage/s has had on the applicant's studies:

slightly moderately considerably extensively

Details of responsible person:

Name	
Position/Occupation	
Signature	Date
Business Stamp or Seal	

Phone

Country	Area	Local Number
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Fax

Country	Area	Local Number
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Provider No

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(b) Personal Illness/Disability Statement of Support

If you have experienced an illness or disability please ask your health professional to complete this section.

Describe the medical condition/disability that has affected the applicant:

Comment on how the applicant's illness/disability may have affected the applicant's ability to study including the affect of any prescribed medication:

IMPACT: Indicate below your assessment of the likely impact the disability/illness has had on the applicant's studies:

slightly moderately considerably extensively

Details of health professional:

Name	
Position/Occupation	
Signature	Date
Business Stamp or Seal	

Phone

Country	Area	Local Number
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Fax

Country	Area	Local Number
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Provider No

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12. APPLICANT'S DECLARATION

You must sign the following declaration.

I declare that all information that I have submitted is to the best of my knowledge and belief, complete, true and correct. I authorise UTS to obtain official records from any educational institution attended by me. I understand that UTS reserves the right to vary or reverse any decision or enrolment on the basis of untrue, misleading or incomplete information.

Your Signature

Date
