# CROSS-INSTITUTION STUDY- MACQUARIE UNIVERSITY INSTITUTION FORM

This form is to be completed by non-Macquarie students who wish to study a unit/s at Macquarie University to contribute towards their non-Macquarie (home university) award. **OUA cross-institutional studies – Pls apply directly through www.open.edu.au** Do Not Use this form

## STUDENT DETAILS

Family Name: …………………………… Given Name(s):……………………………………………………………………

Home University Student No: ………………………….. Unique Student Identifier (USI)……………………………………

## HOME UNIVERSITY ENROLMENT DETAILS:

*Authorising/ Academic/ Administrative Officer at Home University:

Award Name: ………………………………………………… Year Commenced Study: ……………

Currently Enrolled at Home University (pls circle):  Yes No

**Fee-liability Status**: Commonwealth Supported (upfront or deferred)  **OR**  Domestic Fee-Paying

*Please provide a statement of fees/invoice from your home University’s student record’s system.

Please indicate the following for all the units applied for (Please refer to Macquarie handbook):

<table>
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<tr>
<th>Macquarie University Code</th>
<th>Macquarie University Unit name</th>
<th>Study Period &amp; Year (Session 1/2/3)</th>
<th>Study Mode (Internal/External)</th>
<th>Credit to be granted at home institution (to be completed by authorising officer)</th>
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**Authorising Officer Details - Please print clearly**

Name:………………………………… Title:……………………

Contact number: …………………… Email:……………………

Sign and Date:……………………………………………………………………

## STUDENT DECLARATION AND CONSENT

I declare that the information declared on this form is complete and correct. I authorise the university to obtain information from any education institution previously or currently attended by me. If any information supplied by me is considered to be untrue, incomplete or misleading in any respect, I understand that the University may take action as it believes necessary including the disclosure of information to any person or body the University considers has a legitimate interest in receiving it and I consent to such disclosure. I understand the University deserves the right to vary or reverse any decision made on the basis of untrue, incomplete or misleading information. **Student signature**:……………………………….... **Date**:…………..