CROSS-INSTITUTION STUDY- Macquarie University INSTITUTION APPROVAL FORM

This form is to be completed by non-Macquarie students who wish to study a unit or units at Macquarie University to contribute towards their non-Macquarie (home institution) award. Alternatively, an official approval letter stating that the specific Macquarie unit/s applied for will count towards the award at that institution and stating your fee-liability status may be accepted. Students interested in OUA cross-institutional studies - please do not use this form and apply through www.open.edu.au

STUDENT DETAILS

To be completed by applicant:

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

Home Institution Student Number: ………………………………

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

<table>
<thead>
<tr>
<th>Macquarie Unit Code</th>
<th>Macquarie Unit Name</th>
<th>Study Session</th>
<th>Study Mode</th>
<th>Credit to be granted at home institution (to be completed by authorising officer)</th>
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HOME INSTITUTION ENROLMENT DETAILS

To be completed by Authorising Officer, a home institution academic or administrative officer:

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

Currently Enrolled (please circle)  Yes  No

Fee-liability Status (please circle)  1. Commonwealth Supported (upfront or deferred)  2. Domestic Fee-Paying

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.

Authorising Officer Details - Please print clearly

Name: ………………………………………………………………………………………………………

Title: ………………………………………………………………………………………………………

Contact Number/Email: ………………………………………………………………………………………

Date: ………………………………………