CROSS INSTITUTIONAL HOME INSTITUTION APPROVAL

To be completed by applicants who wish to study at ACU National as a Cross Institutional student, for credit towards an award at their home institution. Applicants should contact appropriate Course Coordinators at their home institution and at ACU National to seek guidance in selecting appropriate units and mode of study.

THIS FORM IS THE SECOND PART OF THE APPLICATION PROCESS. YOU MUST FIRST APPLY FOR ADMISSION ONLINE VIA STUDENT CONNECT – APPLY FOR ADMISSION AT www.acu.edu.au YOU SHOULD COMPLETE, OBTAIN APPROVAL FROM YOUR HOME INSTITUTION, AND FORWARD THIS FORM TO ACU NATIONAL ADMISSIONS SECTION WITH A CURRENT ACADEMIC TRANSCRIPT WITHIN SPECIFIED TIMELINES AS REQUESTED IN YOUR APPLICATION ACKNOWLEDGEMENT EMAIL.

Postal Address: ACU National Admissions Section, PO Box 456, VIRGINIA QLD 4014
Email: docsadmission@acu.edu.au Fax: (07) 3623 7466

1 PERSONAL DETAILS

Family Name

ACU Student Number (if known)

Given Names

Email

Telephone Work Hours ( )

After Hours ( )

2 PREFERRED UNITS OF STUDY (in order of preference)

Please provide the ACU National unit/s you wish to study:

Study Period* Campus/Site Unit Code Unit Name

For further information on study periods, please refer to http://my.acu.edu.au/43007

Applicant's Signature Date

3 HOME INSTITUTION APPROVAL FOR CROSS INSTITUTION STUDIES

This section is to be completed on your behalf by an authorised officer from your home institution if you wish to have approved ACU National studies credited towards an award at your home institution. Without the approval from your home institution, your application for Cross Institutional Studies cannot be processed.

FEE INFORMATION (must be completed) - What type of fee do you pay at your home institution?

☐ Pre 1997 HECS ☐ Pre 2005 HECS ☐ Post 2004 student contribution ☐ Tuition Fee

I certify that upon successful completion at ACU National of the unit/s identified in Section 2, credit will be granted towards the course you are currently enrolled in at this institution.

Course ____________________________________________

Institution ____________________________________________

Name of Authorised Officer __________________________

Signature of Authorised Officer ________________________

Position Title _________________________ Date

INSTITUTION’S OFFICIAL STAMP