



## CROSS INSTITUTIONAL STUDY (OUTGOING) APPLICATION FORM

This form is to be completed by students currently enrolled with the School of Population Health at the University of Melbourne who are requesting permission to enrol in subjects offered by another institution for the purpose of credit towards their current Degree.

**Closing Dates:** All application material must be submitted **at least 4 weeks** before the commencement of the semester in which the subject(s) is taught. If the subject is offered in block mode, all application material must be submitted **at least 4 weeks** before the commencement of the subject.

### Applicant Details (please print clearly)

Student ID: \_\_\_\_\_ Title: \_\_\_\_\_  
Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_ @pgrad.unimelb.edu.au  
What Postgraduate Course are you enrolled in? \_\_\_\_\_

### Details of the Cross Institutional Study

Subject Number	Subject Name	Name of Institution	Semester

### Reasons for Cross Institutional Study

Please state your reasons for wishing to undertake cross institutional study:

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### Documentation

Please provide the following:

- A completed 'Cross Institutional Study - Outgoing' application form.
- Current entries from the relevant University Handbook for each of the subjects listed
- Subject syllabus for each subject you wish to enrol in including prerequisite information, assessment, course duration etc.
- Written approval letter from the institution at which you will undertake the cross institutional study
- Appropriate host institution form has been completed and attached to this form.
- Approval from your Course Coordinator (please ensure the Course Coordinator has signed the relevant section of this form)
- The declaration has been signed and dated.

## General Conditions

1. The School of Population Health permits postgraduate students to undertake subjects for credit at other institutions of equivalent standing. Permission may be granted by the Course Coordinator provided that the student has a sound academic record, and the following conditions are met:
  - the subject or similar subject is not available at the University of Melbourne;
  - the subject is of equivalent standard and weighting to subjects available at the University of Melbourne;
  - the student has planned a program of study that will enable him/her to complete the requirements of the course;
  - the student has not previously failed a subject taken on a complementary course basis.
2. Within the Master of Public Health by Coursework, Cross-Institutional subjects are classified as **Group 2 Electives**. Students are only allowed to undertake two (2) Group 2 Electives throughout their candidature.
3. Original or certified\* copies of supporting documentation **MUST** be attached with this application. Failure to provide supporting documentation may delay your application being considered.
4. Approval for Cross Institutional subjects must be given before the commencement of study. Credit will not be granted for subjects undertaken without prior approval of the School of Population Health
5. Where a student is enrolled on a complementary course basis and decides to withdraw, the student must inform **both** institutions, and complete the necessary procedures by the deadlines set by **both** institutions.
6. If the student is an **Australian Full-Fee Paying** student, he/she must pay the full fee charge for these subjects at the host university at their current rates.
7. If the student is an **AusAID** international student, he/she will need to request that the other university sends an invoice to Ms Lucia Wong, International Centre, the University of Melbourne.
8. Students must provide an official transcript of your result for the complementary course subject/s undertaken at the other university. This result will then be entered on your University of Melbourne Transcript. ***If you do not provide a statement of result from the other university, a result will not be entered.***

## Declaration and Signature

I UNDERSTAND that the University of Melbourne may disclose the personal information that I have given in this application form to the Department of Education, Science and Training (DEST) and that DEST will collect and store my personal information in the Higher Education Information Management System.

Name of Applicant (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Course Coordinator Approval

Course Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return your completed form to:

Academic Programs Office  
School of Population Health  
Level 4, 207 Bouverie Street  
The University of Melbourne VIC 3010

Or by Fax: +61 (03) 8344 0824

The University's Privacy Policy can be viewed at: <http://www.unimelb.edu.au/unisec/privacy/studentinfo.html>.

This website provides detailed information about the contact details, complaints procedures and other aspects of the University's privacy regime.

### Faculty Authorisation – Office Use Only

Entered on MERLIN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Enrolment Record Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Administrative Officer: \_\_\_\_\_