

- This form is to be used for Federation University Australia or Partner Provider students who wish to **study a course/s at another Partner Provider campus**. This form is not to be used by students wishing to transfer all their classes to another campus.
- The completed form must be approved by the host provider, and returned to the current home education provider before enrolment into the requested course(s) can be processed. Completion of this form does NOT constitute enrolment into the requested course(s) of study.
- The information on this form is collected for the primary purpose of assessing and processing your application for cross provider enrolment. If you choose not to complete all the questions on this form, it may not be possible for the University to process your request. Personal information may also be disclosed to government bodies and/or departments if the University is required or permitted to do so by law. You have a right to access personal information that the University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at privacyofficer@federation.edu.au.
- Use **BLOCK LETTERS** and tick boxes

Form Submission

Online: via the Federation Request and Enquiry Dashboard (FRED)
In Person: Student HQ at your home campus.

Partner students:
Lodge completed form at your Partner Administration Office.

Personal Details

Federation Student ID Number: Date of birth:

Surname/Family name: Given names:

Nationality: Are you an **international student** studying in Australia?: Yes No

Contact Details

Australian address

Suburb/Town/City State Postcode

Mobile phone number: Personal email:

Program Details

Program Code: Program Title: Year level:

Current (Home) Campus or Provider: Current Location:

Enrolment Details **I wish to enrol in the following course/s with the education provider listed below:**

Term Codes: Term codes consist of the year (YY) and then the relevant code (eg 2021 Spring Semester would be 2125).

	Semester 1	Semester 2	Winter Semester	Spring Semester	Summer Semester	Late Summer Semester
Fed campuses	YY 05	YY 20	YY 15	YY 25	YY 27	YY 02
Partner providers	YY 07	YY 17	YY 15	YY 25	YY 27	

Semester Census Dates: visit www.federation.edu.au/important-dates

If enrolling through education providers other than a Federation campus, you must check with that provider for relevant census dates.

Term Code Course Code Course Name

Education Provider name: Education Provider Location:

Term Code Course Code Course Name

Education Provider name: Education Provider Location:

Cross Provider Enrolment Request Form

Term Code	<input type="text"/>	Course Code	<input type="text"/>	Course Name	<input type="text"/>
Education Provider name:	<input type="text"/>			Education Provider Location:	<input type="text"/>

Term Code	<input type="text"/>	Course Code	<input type="text"/>	Course Name	<input type="text"/>
Education Provider name:	<input type="text"/>			Education Provider Location:	<input type="text"/>

Privacy Statement

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Student Declaration

I have read and understood the guidelines and advice on this form.

I certify that all information, including any provided supporting documentation and certificates are correct.

Student signature:

Date:

Office Use Only



Home (current) Location Approval:

Program Coordinator (PC) Name: _____ PC Signature: _____ Date: _____

Host (New) Location Approval:

Program Coordinator (PC) Name: _____ PC Signature: _____ Date: _____

International students studying in Australia only:

Passport copy attached Visa copy attached Acceptance Agreement attached Offer letter attached CoE on file at Home PP

International Compliance Approval: *(if applicable)*

Nominated Officer Name: _____ Nominated Officer Signature: _____ Date: _____

International students studying in Australia only:

Passport copy attached Visa copy attached Acceptance Agreement attached Offer letter attached CoE on file at Home PP

Federation University School Approval:

Program Coordinator Name: _____

Program Coordinator Signature: _____ Date: _____

Federation University Student HQ (Office Use Only)

Enrolment form attached and entered into MySC

Comment added into MySC (if applicable)

Entered by: _____

Date: _____

Comments