

# THE UNIVERSITY OF SYDNEY **ENROLMENT 2006**

If you have not already pre-enrolled through MyUni, or if your Faculty does not permit web pre-enrolment, you must complete and lodge this form, together with any other forms required by your Faculty, at your Faculty Office, no later than 4.00 pm Friday, 28 October 2005. You may lodge the form in-person or fax it or mail it, but please do not fax it and mail it.

Please note that the University Senate has resolved that a candidate for an award program may not enrol concurrently in another award program that is not already an approved combined program unless approval is gained from the Dean/s of the relevant Faculty/ies.

It is in your best interests to complete your pre-enrolment well before the due date in order to avoid queues.

## PLEASE ENSURE YOU PRINT CLEARLY

Section 1: To be completed by all students.					
Student number:	Family name	Family name: Given names:			
Award course:	Given names				
Do you expect to complete your award course by the	end of 2006?	If yes, tick this box 🔲			
Are you intending to suspend your candidature i	n 2006?	If yes, tick this box 🖵 and attach your application if the suspension has not yet been approved			
Do you have a disability, impairment or long term met which may affect your studies?	dical condition	If yes, tick this box			
If you do have a disability, impairment or long term m appropriate box(es) below.	nedical condition, p	lease indicate the area(s) of impairment by placing a tick in the			
Hearing 🗋 Learning 🔲 Mobility 🔲 Vision	Medical	Other 🔲			
Please indicate if you would like to receive advice on or equipment and facilities which may assist you?	support services,	If yes, tick this box			
Section 2: To be completed by Postgraduate Res	earch Candidates	only.			
Is it your intention to re-enrol in your current award c	ourse in 2006?	If yes, tick this box 🔲			
If you are re-enrolling in 2006 will you be full-time, the (Please note: Faculty permission must be obtained for	-				
Section 3: To be completed by Bachelor of Med	icine/Dentistry/Ve	eterinary Science Students only.			

Please circle your 2006 Enrolment Year. 1 - 2 - 3 - 4 - 5 - 6

#### Section 4: Unit of study choices to be completed by: 1. Coursework Postgraduate students or, 2. Undergraduate students enrolled in Faculties other than Medicine, Dentistry and Veterinary Science.

See the enclosed information sheet for details concerning availability of unit of study lists and codes. Note that the correct unit of study code is essential

	Unit of Study Name	Unit of Study Code	Session*		Unit of Study Name	Unit of Study Code	Session*
* Dooo	rd the session which is associated wi	th your unit of stud	u proforonco	_			

Record the session which is associated with your unit of study preference.

## Section 5: To be completed by Undergraduate Architecture, Science, Sydney College of the Arts and Economics students.

Please state your intended award course major(s) or stream e.g. Accounting, History, Chemistry etc.

## Lodge this form at your Faculty Office NO LATER THAN 4.00 pm Friday 28 October 2005.

As a condition of my enrolment, I agree that I will comply with the By-laws and Regulations of the University of Sydney. /

Signature ......Date

/ 2005 Daytime Telephone number: Email Address: