



CII-QIBT

APPLICATION FOR QIBT STUDENTS TO ENROL AS A MISCELLANEOUS / NON-AWARD STUDENT

1. PRIOR CONTACT WITH	1 GRIFFITH UNIVERSITY				
	n a student or staff member at G ate Griffith Identification Number			Griffith Identification Number	
This form is to be used by QIE	BT students who wish to underta	ke noi	n-award study at Griffith Univ	versity.	
2. PERSONAL DETAILS					
Name:			□Other:	Date of birth:	
First name:				Gender: □ □	
Preferred name:				Male Female	
3. CONTACT DETAILS					
Email Address:		Home	telephone number:	Work/mobile telephone number:	
Permanent home address:			Mailing address: If your Mailing Address is the same as your Permanent home address please write "same as home address"		
No and street:			No and street:		
Suburb/town:	State:		Suburb/town:	State:	
Country:	Postcode:		Country:	Postcode:	
4. CITIZENSHIP STATUS					
Are you an Australian Citizen?			Are you a New Zealand Citizen?		
Have you been granted a Permanent Humanitarian Visa in Australia?			Have you been granted a Permanent Residency (other than a permanent humanitarian visa) in Australia?		
☐ Yes ☐ No			☐ Yes ☐ No		
	anent Humanitarian Visa in Australia our residency Visa contained in your				
Citizenship:			Type of visa currently hel	ld	
Were you born in Australia?	P □ Yes □ No			OFFICE USE ONLY Date received at	
Country of Birth:				SAC or GSC	
Year of arrival:					

Closing Dates: TWO weeks prior to the commencement of teaching at Griffith University in the relevant semester.

	Sem	Course Catalogue number:	Course title:	Campus	Mode*
* Select	Mode: On	-Campus = OC External = Ext	Internet = Int		
Full nai	me of cu	ırrent Diploma			
6. QIB	T APPR	OVAL			
			home institution's authorised officer and must	include that institution	s stamp or seal.
The app	olication	will not be considered without t	he prior approval of the home institution.		
			nominated course(s) at Griffith University. I's program of study at this Institution.	On successful comp	oletion of the
Name a	and positi	ion of Institution's Authorised O	Officer (please print):	Institution stamp	
Signatu	re:		Date / /		
Please	attach a	copy of the student's acade	mic transcript to this application		
			L		
7. STU	DENT [DECLARATION			
			concerning my academic record from any scho		:
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5. PROPOSED COURSES, maximum of two

Please note it is important to apply as soon as possible as classes fill quickly.