APPLICATION FOR ADVANCED STANDING
SPECIFIED OR UNSPECIFIED CREDIT

Please use BLOCK/CAPITAL letters, indicate with “N/ A” where questions are not applicable and tick boxes where appropriate.

Please post or hand deliver completed form to the University.

The following documents **MUST** be attached:

- Official originals of academic transcripts or certified copies for units previously completed. Originals should be presented to your School for sighting.
- Copies of Unit Outlines for Units that are being proposed as Advanced Standing.
- In the case where any of the above evidence of prior learning is in a language other than English: (a) All such evidence of prior learning must be provided in the original language and in English. (b) Translations of the evidence of prior learning commissioned in Australia must be by a NAATI (National Accreditation Authority for Translators and Interpreters) accredited translator. (c) All evidence of prior learning translated overseas must be by a translator recognised by that country’s accrediting body.
- Receipt of the administration fee of $125 if this is not your first Advanced Standing application

1. **Applicant Information**

1.1 Student Identification Number: 

Are you an international student on a student visa? YES NO

**TITLE**  

**SURNAME/FAMILY NAME**  

**GIVEN NAMES**

**Course Code:** 

**Course Name:**

2. **SPECIFIED CREDIT**

N.B. Core Curriculum for the M.B.B.S will be “Exemption without Credit”

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<th>Year of Study</th>
<th>Previous Unit Code(s)</th>
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3. **UNSPECIFIED CREDIT**

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4. **Student Declaration**

I hereby certify that all the information provided in this application is true and correct. I have attached the necessary documentary evidence in support of my claim.

Signature (Student):  

Date:
SCHOOL RECOMMENDATION

My recommendation is annotated on the front application page. Additional comments:

Dean’s Signature: ___________________ Dean’s Name: ___________________ Date: _____________

CORE CURRICULUM

☐ Approved for Core Unit(s): ___________________ ☐ Denied for Core Unit(s): ___________________

Senior Deputy Vice Chancellor’s Comments:

Snr DVC’s Signature: ___________________ Snr DVC’s Name: ___________________ Date: _____________

AUTHORISATION OF CAMPUS REGISTRAR

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Total Specified CPTS = ___________________

Total Unspecified CPTS = ___________________

DENIED

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Additional Registry Comment / Course Notes:

Campus Registrar’s Signature: ___________________ Campus Registrar’s Name: ___________________ Date: _____________

Privacy Statement: The information provided in this form will only be used for the administrative or educational purposes of the University, or in accordance with your specific consent. The University will not disclose your personal information to a third party unless required to or permitted by law or where you have consented to the disclosure. Information relating to how the University collects, uses or discloses your personal information and how you may complain about the University’s handling of your personal information is contained in the University’s Privacy policy at http://www.nd.edu.au/copyright.shtml#Privacy.

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The University of Notre Dame Australia (www.nd.edu.au)
CRICOS PROVIDER CODE: 01032F

Fremantle
32 Mount Street (PO Box 1225)
Fremantle, Western Australia 6959
Tel: + 61 8 9433 0555
Fax: +61 8 9433 0544
Email: Fremantle.Studentadmin@nd.edu.au

Broome
88 Gwy Street (PO Box 2287)
Broome, WA 6725
Tel: +61 8 9192 0600
Fax: +61 8 9192 0690
Email: Broome.Enquiries@nd.edu.au

Sydney
128-140 Broadway (PO Box 944)
160 Oxford Street Darlingtonhurst
Broadway, NSW 2007
Tel: +61 2 8204 4400
Fax: +61 2 8204 4422
Email: Sydney.Studentadmin@nd.edu.au

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