



Application to attend Bridging Course

CLOSING DATE: 31 January 2012

INSTRUCTIONS

This form is for current or prospective students who wish to undertake a Bridging Course in **Biology, Chemistry or Physics.**

1. Please refer to <http://www.uow.edu.au/student/enrolment/UOW008203.html> website for details regarding course content, dates, venues, and contact information.
2. Late applications will be accepted if vacancies exist in the course you wish to do.
3. Return the **completed** application by the closing date via mail to Student Central, Building 17, University of Wollongong NSW 2522 (cheque payment) or fax +61 2 4221 4322 (credit card payment only).
4. Please contact the Faculty for confirmation of your place in the course.

PERSONAL DETAILS

Student Number (if known)	Last Name		First Name	
Date of Birth	Daytime Telephone	Fax	Email	
Address		City	State	Postcode

STUDY INFORMATION

Have you applied to commence a degree at the University of Wollongong?	Yes / No
If yes, please indicate which degree.	

SELECT BRIDGING COURSE/S

Tick the Bridging Course/s you would like to attend:

- | | | |
|--------------------------|----------------------|----------|
| <input type="checkbox"/> | Biology – February* | \$100.00 |
| <input type="checkbox"/> | Chemistry - February | \$200.00 |
| <input type="checkbox"/> | Physics - February | \$200.00 |
| <input type="checkbox"/> | Biology - July | \$100.00 |

Total Bridging Course/s Fees	\$	
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PAYMENT INFORMATION

Payment Method

Attached original made out to the University of Wollongong

- | | | |
|--------------------------------------|-----------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Bank Cheque | <input type="checkbox"/> Australia Post Money Order | <input type="checkbox"/> Personal Cheque |
|--------------------------------------|-----------------------------------------------------|------------------------------------------|

OR Please debit my credit card

- | | | | |
|-------------------------------|-------------------------------------|-------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express | <input type="checkbox"/> Bankcard (not EFPOS Savings card) |
|-------------------------------|-------------------------------------|-------------------------------------------|------------------------------------------------------------|

Payment Details

Cardholders Name	Expiry Date MM/YY
Credit Card Number	Credit Card Holders Signature

STUDENT SIGNATURE

I wish to be considered for my nominated bridging course/s and declare that the information I have provided is correct and complete. I understand that the University reserves the right to limit the number of applications accepted for each bridging course and that my acceptance is not guaranteed.

I acknowledge that I have read and have accepted the conditions outlined in this form	Date	
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