# Application for Admission – Audit Students

This application is to be completed in accordance with the Application Guide - see Forms on the University website at [www.divinity.edu.au](http://www.divinity.edu.au). It is recommended that you submit your application a minimum of two weeks before your intended semester start date. Late applications may not be accepted. Once your application is received it is checked to ensure that all relevant documents are provided. An incomplete application will delay processing.

## Personal information

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | | | | | | | |
| Title |  | | Name suffix (if applicable) | | | | | | |  | | |
| Given name/s |  | | | | | | | | | | | |
| Family name |  | | | | | | | | | | | |
| Preferred given name |  | | Previous family name | | | | | | |  | | |
| Have you previously been a University of Divinity or MCD student or applicant? | | |  | Yes | | College | | | |  | | |
|  | No | | | | | | | | |
| Postal address | | | | | | | | | | | | |
| Correspondence will be sent to this address | | | | | | | | | | | | |
| Address line 1 |  | | | | | | | | | | | |
| Address line 2 |  | | | | | | | | | | | |
| Town/Suburb |  | | | | Postcode | | | |  | | | |
| State |  | | | | Country | | | |  | | | |
| Residential address (If different from postal address) | | | | | | | | | | | | |
| Address line 1 |  | | | | | | | | | | | |
| Address line 2 |  | | | | | | | | | | | |
| Town/Suburb |  | | | | Postcode | | | |  | | | |
| State |  | | | | Country | | | |  | | | |
| Contact details | | | | | | | | | | | | |
| Home phone |  | | | | Day phone | | | |  | | | |
| Mobile |  | | | |  | | | | | | | |
| Email *(required)* |  | | | | | | | | | | | |
| Additional personal details | | | | | | | | | | | | |
| Date of birth | /  /     (dd/mm/yyyy) | | Gender | | | |  | | | Male |  | Female |
| Occupation (optional) | |  | | | | | | | | | | |
| Denomination (optional) | |  | | | | | | | | | | |
| Diocese/Congregation (optional) | |  | | | | | | | | | | |
| Feedback | | | | | | | | | | | | |
| How did you hear about this College or this University? | | |  | | | | | | | | | |
| Emergency contact | | | | | | | | | | | | |
| Emergency contact name |  | | Emergency contact relationship | | | | |  | | | | |
| Day contact phone |  | | Mobile | | | | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Office Use Only*** | UD ID: |  | College ID: |  |

## Course and College

|  |  |
| --- | --- |
| **Level of unit choice** | |
|  | Audit undergraduate units (AudUG) |
|  | Audit postgraduate units (AudPG) |

|  |  |  |
| --- | --- | --- |
| **Home College** | | |
|  | Trinity College Theological School (TRI) |
| Note: College abbreviations are to be used in unit selection section | | |

## Previous education

| List in chronological order. NB: Evidence must be supplied for all qualifications claimed. Provide certified copies of all official results of units/subjects taken, including grades and percentages. Transcripts are not required for University of Divinity/MCD results. | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Highest secondary schooling attained | Full name of institution | Town/ suburb | State | Year completed | What language? | Transcript provided? |
|  |  |  |  |  |  |  |
| Degree / Diploma / Certificate / Other | Full name of institution | | Country | Year completed | What language? | Transcript provided? |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |

### Medical/disability needs

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have any disability? | | | | |  | Yes |  | | No | | |
| If you answered ‘Yes’ to the above question, please indicate the type/s of disability | | | | | | | | | | | |
| Hearing | Learning | Mobility | Vision | Long-term medical condition | | | | Other: | | | |
| Would you like to receive information on medical/disability support services, equipment or facilities available that may assist you? | | | | | | |  | Yes | |  | No |

## Proposed program of audit units

|  |  |  |  |
| --- | --- | --- | --- |
| Study mode legend | | | |
| CB | Classroom-based | OL | Online |
| IW | Intensive/Workshop | MM | Mixed Mode |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unit selection | | | | |
| **Unit code** | **Unit name** | **College** | **Study mode** | **Office use only** |
| **Pre-semester 1 intensives** | | | | |
|  |  | TRINITY |  |  |
|  |  | TRINITY |  |  |
| **Semester 1 units (S1)** | | | | |
|  |  | TRINITY |  |  |
|  |  | TRINITY |  |  |
| **Mid-year intensives** | | | | |
|  |  | TRINITY |  |  |
|  |  | TRINTY |  |  |
| **Semester 2 units (S2)** | | | | |
|  |  | TRINITY |  |  |
|  |  | TRINITY |  |  |
| **Other intensives** | | | | |
|  |  | TRINITY |  |  |
|  |  | TRINITY |  |  |

## Terms and Conditions of Enrolment and Declarations

### Privacy statement

The information on this form is collected for the primary purpose of assessing your application. Other purposes of collection include the creation of a record on the student database, attending to administrative matters, corresponding with you, and statistical analyses. Personal information may be disclosed to authorised bodies and the permitted purposes for which such personal information may be used, as authorised by the Higher Education Support Act 2003. Information relating to the studies of seminarians and members of religious orders may also be disclosed to your seminary and/or religious superior. You have a right to access personal information that the University of Divinity holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about handling of your personal information, please contact the University of Divinity at [enquiries@divinity.edu.au](mailto:enquiries@divinity.edu.au).

### Declaration and signature

I declare that the information provided by me is true and correct. I understand that if I have misrepresented my details in any way, then the University of Divinity may terminate any candidacy offered to me.

I accept responsibility for ensuring that the tuition fees for all units in which I enrol are paid on time.

I agree to abide by the *Statement of Rights, Responsibilities and Conduct of Members of the University* published on the University of Divinity website at[www.divinity.edu.au/documents/statement-rights-responsibilities-conduct](http://www.divinity.edu.au/documents/statement-rights-responsibilities-conduct).

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s signature |  | Date | **/**  **/**     (dd/mm/yyyy) |

## Your checklist

Important checklist to avoid delays in processing your application

|  |  |
| --- | --- |
|  | Provide **certified** copies of personal identification documents |
|  | Complete **payment details** on form (see last page) |
|  | Read and sign the declaration |
|  | Make a copy of your application for your records |

## Lodging your application

Complete, consult, sign and submit to the Coursework Coordinator/Dean at your College.

If you are accepted into the course you will be sent a Welcome Letter with an Enrolment Summary from your College. It is your responsibility to contact your college if you do not receive acknowledgement of receipt of application for admission, and/or confirmation of enrolment.

## Coursework Coordinator checking and approval—domestic coursework

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Application checklist***  I have checked this student’s application for admission and proposed study program, and confirm that  unit codes and unit names listed on the form are correct  the applicant has the correct prerequisites for each proposed unit  applicant name, ID and payment method are indicated in Tuition Fees section. Cheque/money order is attached if this is the payment method.  This applicant:  is permitted to audit the units listed in the Study Program above   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Coursework Coord. |  | Signature |  | Date |  | |
| **College Office Administration**  Payment details are included and have been processed  Data entered in TAMS   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name |  | Signature |  | Date |  | |

## Tuition fees

Please insert your full name and your Trinity ID if known.

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | TRINITY ID |  |
| Given name/s |  | Course | AUDIT UG or PG (select one) |

### 2024 tuition fees

* Audit fees vary between Colleges. Payment for Audit units is to be made to Colleges.
* Audit enrolments are not available to international students in Australia studying on Overseas Student Visas.

Undergraduate: $500.00

Postgraduate: $500.00

All tuition fees are to be paid prior to the commencement of the unit and are not refundable.

Please note that tuition fees may vary from year to year.

### Please note that FEE-HELP is not available for audit units.

**All AUDIT tuition fees are paid upfront**. Payment for the current semester units must be included. For fees that are due for the remainder of the year, payment is required prior to the commencement of the unit/s.

**Students with unpaid fees will not be permitted to attend classes or use libraries.**

### Method of payment

How will you pay your tuition fees?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Upfront payment – payable to TRINITY COLLEGE** | | | | | | | | | | |
|  | **Credit Card authorisation**  **PLEASE NOTE: As from 1 January 2017, a surcharge of 0.4% for Visa/MasterCard and 1.65% for American Express will be added to all credit card payments made to Trinity College. To avoid the surcharge, please use one of the other options below.** | | | | | | | | | |
| Please charge the following credit card | | | | |  | MasterCard |  | Visa | |
| Card number | | | | | \_ \_ \_ \_ —  \_ \_ \_ \_ —  \_ \_ \_ \_ —  \_ \_ \_ \_ | | | | |
| Card expiry date | | | /    / | | CVC no. (last three digits on reverse of credit card) | | | |  |
| Amount | | | $ | | Date to deduct from card | | /    / | | |
| Signature | | |  | | | | | | |
| Name on credit card | | |  | | | | | | |
|  | **SEMESTER 2** – I authorise payment with the nominated credit card for Semester 2.  Payment processed two (2) weeks prior to the start of the semester or soon after if a date is not specified. | | | | | | | | |
| Signature |  | | | | Date to deduct from card | /    / | | |
|  | **Bank Transfer** (from an account in Australia) | | | | | | | | | |
|  | Bank: National Australia Bank Account Name: Trinity College General Account Branch (BSB) Number: 083 170 Account Number: 515 617 691 | | | | | | | | |
| Amount of transfer: | | | | $ | | | | |
| Please include the words “TCTS Audit” and your surname in the transaction description | | | | | | | | |
|  | **Cheque/money order** enclosed | | | | Amount | $       **Make cheques** **payable to Trinity College** | | | | |