# Application for Admission – Audit

##  Audit enrolment only – not for academic credit

Audit students are enrolled directly with Whitley College, but their details are stored in the database of the University of Divinity to facilitate access to the online Learning Management System. Students must therefore agree to abide by the [code of conduct](https://divinity.edu.au/code-of-conduct/) of the University – see Terms and Conditions of Enrolment and Declaration.

It is recommended that you submit your application at least two weeks before your intended semester (or unit) start date. Late applications may not be accepted. Please provide all relevant supporting documents. 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/yy)* |
| Gender | [ ]  | Male | [ ]  | Female | [ ]  | Transgender/Intersex/Other |
| Occupation (optional) |       |
| Denomination (optional) |       |
| Diocese/Congregation (optional) |       |
| Feedback |
| How did you hear about us? |       |
| Emergency contact details |
| Name of emergency contact person |       |
| Relationship to you of emergency contact person |       |
| Contact phone numbers of emergency contact person | Mobile       | Other       |
| ***Office Use Only*** | UD ID: |       | College ID: |       |

## Personal information (continued)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you of Australian Aboriginal descent? | [ ]  | Yes  | [ ]  | No |
| Are you of Torres Strait Islander descent? | [ ]  | Yes  | [ ]  | No |
| Country in which you were born |       | If not born in Australia, year of arrival |       |
| Is English your first language? | [ ]  | Yes  | [ ]  | No |
| *Applicants whose first language is not English, please complete the following section* |
| Have you already studied in English? | [ ]  | Yes  | [ ]  | No |
| Language spoken at your permanent residence |       |

\* *NOTE: Audit enrolments are* ***not*** *available to international students in Australia studying on Overseas Student Visas.*

## Medical/disability needs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any disability, impairment and/or long-term health condition that may affect your studies? | [ ]  | Yes | [ ]  | No |
| If you answered ‘Yes’ to the above question, please indicate the area/s |
| [ ]   | Hearing | [ ]   | Learning | [ ]   | Mobility | [ ]   | Vision |
| [ ]   | Medical | [ ] : | Other: |  |
| Would you like to receive information on medical/disability support services, equipment or facilities available that may assist you? | [ ]  | Yes | [ ]  | No |

## Previous education

| **Secondary school education** |
| --- |
| Highest secondary school level attained |  | Year when completed(yyyy) |  |
| Language in which secondary schooling was studied |  |
| **Tertiary education** |
| Degree / Diploma / Certificate / Other *(award name)* | Name of institution | Country | Year when completed *(yyyy)* | Language in which course was studied | Transcript provided\* |
|       |       |       |       |       | [ ]  |
|       |       |       |       |       | [ ]  |
|       |       |       |       |       | [ ]  |
|       |       |       |       |       | [ ]  |

\* *NOTE: Provision of transcripts is optional when enrolling as an audit student*

## Proposed program of study

## College and course

|  |
| --- |
| **Home College** |
| [ ]  | Australian Lutheran College (ALC) | [ ]  | St Athanasius College (SAC) |
| [ ]  | Catholic Theological College (CTC) | [ ]  | Stirling Theological College (STC) |
| [ ]  | Eva Burrows College (EBC) | [ ]  | Trinity College Theological School (TRI) |
| [ ]  | Jesuit College of Spirituality (JCS) | [x]  | Whitley College (WHT) |
| [ ]  | Morling College (MOR) | [ ]  | Yarra Theological Union (YTU) |
| [ ]  | Pilgrim Theological College (PIL) |  |  |
| Note: College abbreviations are to be used in unit selection section |

|  |
| --- |
| **Course**  |
| [ ]  | Audit undergraduate units (AudUG) |
| [ ]  | Audit postgraduate units (AudPG) |

## Units of study

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

|  |
| --- |
| Unit selection *List the code and name of the unit(s) you want to audit* |
| **Unit code** | **Unit name** | **College teaching the unit** | **Study mode**  | **Office use only** |
| **Pre-semester 1 intensives**  |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
| **Semester 1 units (S1)** |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
| **Mid-year intensives** |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
| **Semester 2 units (S2)** |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
| **Other units** *(e.g. annualised units; End-of-year intensives)* |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
|       |       | WHT |    |  |
|       |       | WHT |    |  |

## Tuition fees

Please insert your full name as it appears on official documentation and your UD ID if known.

|  |  |  |  |
| --- | --- | --- | --- |
| Family name  |       | UD ID |       |
| Given name/s  |       | Course |       |

### 2020 tuition fees

* $**500 per standard unit**

*Please note:*

* + *All tuition fees are to be paid prior to the commencement of the unit.*
	+ *FEE-HELP (the Australian Government loan scheme) is* ***not*** *available for audit units.*
	+ *Students with unpaid fees will not be permitted to attend classes or use the library.*
	+ *Tuition fees may vary from year to year.*

### Method of payment

How will you pay your tuition fees?

|  |  |
| --- | --- |
| **[x]**  | **Upfront payment – payable to Whitley College** |
| [ ]  | **Credit card** authorisation |
| 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 |    /    /      |
| Name on card |       |
| Signature |       |
| [ ]   | **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 |    /    /      |
| [ ]  | **Direct Deposit**  |
|  | I will pay by direct deposit to the Whitley College bank account: BSB: 083170 Account No: 515618416 Account Name: Whitley College Reference: YourName UnitCode (e.g. AStudent BA9004) |
| [ ]  | A **third party** is paying for my tuition fees. |
| [ ]  | I include with this application a sponsor statement, letter or other official confirmation from the third party accepting responsibility for payment of my fees. |
| Name of third party or organisation |       |
| Address of third party or organisation |       |
| [ ]  | **Cheque/money order** enclosed |
|  |  | Amount | $       **(payable to Whitley College)** |

## Your checklist

Important checklist to avoid delays in processing your application

|  |  |
| --- | --- |
| [ ]  | Provide certified copies of your birth certificate, current passport or other official documents verifying your citizenship status **in your current name**. |
| [ ]  | Complete **payment details** on form |
| [ ]  | Read and sign the declaration |
| [ ]  | Make a copy of your application for your records |

## Terms and Conditions of Enrolment and Declaration

### Privacy statement

The information on this form is collected for the primary purpose of the creation of a record on the University of Divinity student database and ARK, the University of Divinity Learning online learning management system or adding to an existing record in the University systems (if you are, or previously have been a student of the University). Your details may also be added to the Whitley College database and used for attending to administrative matters, corresponding with you, and statistical analyses. If you choose not to complete all the questions on this form, it may not be possible for Whitley College to process your application. 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.

### Declaration and signature

|  |  |
| --- | --- |
| [ ]  | I understand that, by enrolling as an audit student, I cannot claim academic credit for completion of the unit(s), either in the current study period or retrospectively. |
| [ ]  | I declare that the information provided by me is true and correct in every particular. I understand that if I have misrepresented my details in any way, then Whitley College may terminate any enrolment that arises as a result of this application. |
| [ ]  | I accept responsibility for notifying Whitley College of any change of address or email.  |
| [ ]  | I accept responsibility for ensuring that the tuition fees for all the Whitley College units and courses in which I enrol are paid on time. |
| [ ]  | I agree to abide by the University of Divinity’s *Code of Conduct* published at[www.divinity.edu.au/code-of-conduct/](http://www.divinity.edu.au/code-of-conduct/). |
| [ ]  | I consent to receiving information electronically from Whitley College and the University of Divinity, acknowledging that email is the default method of written communication and that a valid email address is required in order to access the ARK online Learning Management System. |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s signature |       | Date |   **/**  **/**     (dd/mm/yyyy) |
| *Type name for electronic submission* |

## Lodging your application

*Complete all pages then submit your application to the Registrar of Whitley College:* *registrar@whitley.edu.au*

*Whitley College will email you confirmation and ARK login details once you are enrolled into the unit(s).*

## Course Advisor checking and approval

College Office Use only

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Application checklist – Audit coursework*** 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 [ ]  all units are running in the time periods indicated [ ]  the applicant has the correct prerequisites for each proposed unit [ ]  applicant name, ID and payment details are provided in Tuition Fees section. Cheque/money order/third party authorisation is attached (if applicable)***Approval***[ ]  Applicant is permitted to audit the units selected in the Study Program above

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Advisor |       | Signature |       | Date |       |

 |
| **College Office Administration**[ ]  Form checked, data is complete and matches evidence[ ]  Data entered in TAMS[ ]  Student contacted

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |       | Signature |       | Date |       |

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