

EDUCATION ATTACHE UNIT, CANBERRA APPLICATION FOR SPECIAL PROGRAM REGISTRATION

INSTRUCTIONS:

1. Student: Please complete Section A and B only.
2. Module/Program coordinator: Please complete Section C and D.
3. Module/Program coordinator: Please submit completed form to directorofstudies@brunei.org.au no later than THREE (3) month before program starts.

A. STUDENT DETAILS			
Full Name (In CAPITAL)		BSNZ No.	
Mobile No.		E-Mail Address	
B. ACADEMIC PORTFOLIO			
Sponsorship Awarded By:		University Student ID No.	
Reference No.		Scholarship Start Date (dd/mm/yyyy)	
Name of Institution		Scholarship End Date (dd/mm/yyyy)	
Program Title		School/Faculty Name:	
Program Start Date (dd/mm/yyyy)		Program Duration	Year(s)
Program End Date (dd/mm/yyyy)		Current Academic Year & Semester	
C. PROPOSED PROGRAM			
Program Title		Registration Date (dd/mm/yyyy)	
Program Type		Closing Date (dd/mm/yyyy)	
Location of Program		Start Date (dd/mm/yyyy)	
Time Commitment (hours)		End Date (dd/mm/yyyy)	
Please answer the following question as best you can.			
Please state the reason(s) why the applicant was selected for this program.			
Is this a CORE module for the program undertaken by the applicant?			
Is this a graded module? If YES, how many credit units will it contribute?			
Can this module be taken in-campus? If YES, when will this be available?			
By taking the module/program In-Campus, how will the applicant benefit or will he/she be disadvantaged in any way?			
By taking this module/program, will it contribute to a future workload? Please explain.			
D. PROGRAM/MODULE COORDINATOR			
Signature/Initial		Date (dd/mm/yyyy)	
Full Name (In CAPITAL)		Designation	
Office No.		E-Mail Address	