



UNDERGRADUATE RE-ADMISSION

Application

INSTRUCTIONS

- This form should be returned **TWO MONTHS** before your intended return to study.
- This form is to be completed by Students returning after an approved Suspension.
- All fields must be filled in correctly.

A: STUDENT DETAILS

Family name: _____ Given name: _____
SID: _____
Street Address: _____
Suburb: _____ State: _____ Postcode: _____
Mobile/Telephone: _____ Uni Email: _____
Degree: _____

B: RE-ADMISSION DETAILS

I wish to be re-admitted after an absence into the following Bachelor's degree:

Bachelor of : _____

I wish to recommence my studies in:

Semester 1 Semester 2

I would like to be admitted to study:

Full-time Part-time

I was previously admitted in a:

HECS place Fee-Paying place

C: DECLARATION

Please indicate that you accept all the conditions set out below by ticking all the boxes and signing this declaration:

- I understand that completion of this form does not constitute an enrolment.
- I understand that, if approved, I will need to fill out new enrolment forms at the Faculty office before I am officially enrolled.
- I certify that I have read and understand the instructions on this form.
- I certify that all the information supplied by me on this form is complete and correct.

SIGNATURE: _____ DATE: _____

D: RETURN THIS FORM IN PERSON, VIA MAIL, OR FAX TO:

Undergraduate Section
Faculty of Science
Carslaw Building F07
University of Sydney NSW 2006

Faculty Of Science Counter Hours:

Mon to Thurs: 10am-4pm

Friday: 10am- **1pm**

Telephone +61 2 9351 3021 **Fax** +61 2 9351 4846

email info@science.usyd.edu.au

You will notified in writing of the outcome of this application. Processing takes a minimum of 4 weeks

E: FACULTY DECISION

For Faculty Use Only

Application details entered on database/ Admissions module

Notes: _____

Name: _____ **Position:** _____

Signature: _____ **Date:** _____