

ACCELERATED PROGRESSION APPLICATION



This application will be considered by the Academic Manager/Campus Director.

STUDENT ID: _____ DATE OF BIRTH: _____
FAMILY NAME: _____
GIVEN NAMES: _____
COURSE: _____

Reasons for application for accelerated progression directly into Diploma:

STUDENT DECLARATION

I declare that to the best of my knowledge the information supplied in this application is correct. I acknowledge that the provision of incorrect information or documentation relating to my application may result in this application being rejected.

Student signature: _____ Date: _____

*Parent's signature: _____ Date: _____

*If student is under 18 years old

OFFICE USE ONLY

Application received by: _____ Date: _____
This student passed minimum average 85% for first trimester of International Foundation Program <input type="checkbox"/> Yes <input type="checkbox"/> No
Academic transcript attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Signed by: _____ Date: _____ (Academic Manager/Campus Director)
<input type="checkbox"/> STUDENT NOTIFIED OF OUTCOME OF THE APPLICATION
Staff Signed: _____ Date: