

Short Course Information Form



UNIVERSITY OF
CANBERRA
AUSTRALIA'S CAPITAL UNIVERSITY

PERSONAL DETAILS

Family name (as per passport)	<input type="text"/>	Given names (first names)	<input type="text"/>
UC ID number	<input type="text"/>		
Date of birth	<input type="text" value="DD / MM / YYYY"/>	Gender	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Are you an international student?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

CONTACT DETAILS

Email	<input type="text"/>
Contact No.	<input type="text"/>

SHORT COURSE DETAILS

Overseas Course	<input type="text"/>		
Date of Commencement	<input type="text" value="DD / MM / YYYY"/>	Country	<input type="text"/>
How did you hear about this course?	<input type="text"/>		
What type of course:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UC PROGRAM INFORMATION

Which course are you currently enrolled in	<input type="text"/>	Current Year of Studies	<input type="text" value="YYYY"/>
Major/s	<input type="text"/>	Minor/s	<input type="text"/>
Are you studying	<input checked="" type="checkbox"/> Full time <input checked="" type="checkbox"/> Part time	When do you intend to graduate from UC?	<input type="text"/>