



**BA (OUA) REGISTRATION
MACQUARIE UNIVERSITY/OPEN UNIVERSITIES AUSTRALIA**

When completed, return this form, together with your registration payment, to:
 OUA Coordinator, Centre for Open Education, Macquarie University, NSW 2109.
 Payment can be made by Cheque, Money Order or Credit Card, payable to Macquarie University.

MQ Student Number: _____ OUA Student Number: _____		
Family name: _____ Other name: _____		
Mailing address: _____ _____		
State: _____ Postcode: _____ Country: _____		
E-mail Address: _____		
Proposed Stream:	<input type="checkbox"/> History/Politics <input type="checkbox"/> Society, Life & Learning	<input type="checkbox"/> Philosophy
Level 1 OUA units of study		Completed Yes/No
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
Level 2 and Level 3 OUA units of study		Completed Yes/No
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

APPLYING FOR CREDIT

If you are applying for credit from previous (non OUA) university studies, remember to complete an *Application for Credit* form.

Please note: An application for credit does not automatically guarantee that credit will be granted. Your application will be assessed and you will be duly notified.

GUIDELINES FOR THE BA (OUA)

- There are 24 units of study in the Macquarie University BA (OUA).
- At least 8 units of study must be Macquarie OUA units.
- At least 12 units of study must be at 200 level or above, of which at least 6 units must be Macquarie OUA units.
- Within the above 12 units of study, at least 6 units must be at 300 level or above, of which at least 3 units must be an approved coherent study at 300 level or above.
- In no case shall the award be conferred more than once on the same candidate.
- Students must complete the BA (OLA) within 10 years from the first unit registration.

PAYMENT DETAILS

There is a non-refundable registration fee of \$300.00, payable by Cheque, Money Order or Credit Card to Macquarie University. Registration requests will only be processed once payment is received.

I am paying by: cheque money order credit card

For the amount of: \$A300.00

Visa Bankcard Mastercard

Cardholders name:

Card no: Expiry date:

Signature: Date:

STUDENT DECLARATION

- I declare that to the best of my knowledge, the information provided is correct.
- I have passed a minimum of 4 Macquarie OUA units of study.
- I agree to OUA providing Macquarie University with results from units of study undertaken through the OUA program.

Signature Date

OFFICE USE ONLY

Payment received Payment not received

Registration in BA (OUA) approved Registration not approved

Receipt number Account Code: 4216 2065

Signature Date

Statistical Information

It is a requirement of the Australian Department of Education, Science and Training (DEST) that you provide this information.

- 1) Citizenship and residence status:
- Australian citizen (including Australian citizens with dual citizenship).
 - New Zealand citizen.
 - Students with permanent resident status, but excluding those who have New Zealand citizenship.
 - Students with a temporary entry permit.
 - Students with a status other than one of the above.
- 2) Are you residing in Australia during the study period? Yes No
- 3) If you were not born in Australia, what year did you first arrive in Australia?
- 4) What is your country of citizenship?
- 5) In what country were you born?
- 6) Do you speak a language other than English at your permanent home residence?
- Yes No
- If yes, what is the non-English language that is spoken most often?
- 7) Are you of Aboriginal or Torres Strait Islander origin?
- No Australian Aboriginal Torres Strait Islander
- 8) Disability, impairment or long-term medical condition. This information is collected for the purposes of providing support.

Indicate any area/s of impairment:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Mobility | <input type="checkbox"/> Other |

Indicate any support requirements:

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Declaration

I declare that the information on this form is complete and correct.

Signature: Date: