

DIVISION OF REGISTRAR AND STUDENT SERVICES
 STUDENT ADMINISTRATION SERVICES
 ADMISSIONS OFFICE
 PAULINE GRIFFIN BUILDING (#11)
 CANBERRA ACT 0200 AUSTRALIA

T: +61 2 6125 5594
 F: +61 2 6125 0751
 E: admiss.app@anu.edu.au
 CRICOS Provider Number: 00120C
www.anu.edu.au

OFFER ACCEPTANCE DECLARATION

Student ID:	
Application ID:	
Name:	
Program:	
Commencing:	Semester 1, 2010 (February 2010)
Fee Deposit:	A\$5,380.00 (single OSHC) or A\$5,760.00 (family OSHC)

Your country of Birth: _____

Your citizenship: _____

Diplomatic Mission where you will apply for your Student Visa (ie. Country):

If you have previously studied in Australia:

Your Passport Number: _____

Your OSHC Number: _____

- I understand the University may vary or cancel any decision it makes if the information I have given in my application for admission is incorrect, incomplete or misleading.
- I acknowledge that I may access course information and other information relevant to my enrolment as outlined in the offer letter.
- I have noted that I will be subject to the Statutes and Rules of the University and that I must comply with orders and directions given by the constituted authorities of the University.
- I have read and noted the information in the attached documents to my offer including the *Fee and Program/Refund Information for International Students*.
- I accept the place offered to me at the Australian National University in the above course and agree to meet the conditions stated in the offer letter.
- I understand that information provided above and on my application form will be available to appropriate Australian Government agencies.
- Unless I already have pre-existing OSHC with another Health Provider, I understand that by signing the Australian National University's letter of offer, I agree to enter into and be subject to the terms and conditions of the OSHC Worldcare policy. I can access this policy at www.worldcare.com.au.
- I agree to keep the University informed of my current address at all times. I understand that failure to do this will be a breach of student visa requirements.
- I agree to observe the Statutes and Rules of the University and to comply with orders and directions given by the constituted authorities of the University.

Signature: _____

Date: _____

When we receive this form with payment, we will send you a copy of the *electronic Confirmation of Enrolment (eCoE)* form, which will allow you to apply for a student visa