



CSU Student I.D. _____

Family name:		Given names:	
Date of birth: / /	Gender		<input type="checkbox"/> M <input type="checkbox"/> F
Daytime contact phone number: ()		Mobile No:	
Course:		Campus:	
Name of Scholarship/s: (1)		(2)	

Change in Enrolment (i.e. enrolled in less than 3 subjects or 24 subject points in Spring Session 2009) Under Special Circumstances students are allowed to study part time and retain their CS or CSU Equity Scholarship. However, you must explain and provide evidence of these circumstances.

- ◆ Please explain why you have chosen to study part time. Please also attach supporting documentation for your special circumstances, i.e. Doctors Letter or Certificate, Counsellors letter, etc.

CAS and CAS-S Recipient enrolled in Distance Education Subjects

- ◆ If you are the recipient of a CAS or a CAS-S you must be enrolled FULL-TIME by ON CAMPUS mode but if you will be enrolled in any subjects by the DISTANCE EDUCATION mode in 200970, please explain the reason below.

- ◆ Did you talk to your course coordinator about your study load or change of study mode? YES NO
If **NO**, why not? If **YES** what advice did they give?

Grade Point Average (GPA)

- ◆ To remain eligible for a Commonwealth or CSU Equity Scholarship, your GPA must remain at 3.0 and above. Please explain any special circumstances that have caused your Grade Point Average (GPA) to drop below 3.0. Please also attach documentation supporting these circumstances, i.e. Doctors Letter or Certificate, Counsellors letter, etc.

Other Circumstances

- ◆ Do you believe the above statements are the sole cause for your academic results? YES NO
If **NO**, please explain and attach supporting documentation (i.e. legal documents, police reports, medical certificates).

Support Statement

- ◆ If you are unable to provide supporting documentation to verify your circumstances, please have a responsible person (who is not a family member) provide a statement below to verify your circumstances.

Details of responsible person (for example, your Course Coordinator, a doctor, lawyer, social worker, religious or community leader - who is not a family member)

Family name:		Given names:	
Relationship to applicant:		Occupation:	
Address:		Suburb:	Postcode:
Daytime contact phone number: ()		Email:	
Signature of person providing statement:		Date:	

Privacy Statement

Personal information provided for the administration of the Equity Scholarship program is protected by the Privacy and Personal Information Protection Act 1998 (NSW). The information collected will only be used by authorised staff to assess ongoing eligibility and administer the Equity Scholarships. Students should be aware that they provide information of their own free will.

Personal information provided by you will not be made available to any person within the University or any person or organisation outside the University for any other purpose without the student's consent, except where the University may be legally required to do so. Students may access their personal information to ensure that it is not inaccurate, irrelevant to the purpose for which it was collected, misleading, incomplete or out-of-date.

Students may also ask a Student Equity Officer to amend any of the information held about them or to add comments or explanations in relation to their information. To do any of these things students should contact one of the Student Equity Officers. Students dissatisfied with the way a Student Equity Officer has handled their personal information may apply to have the matter reviewed by lodging a formal application with the University Ombudsman.

Please tick the boxes to indicate you have read and understood the statement.

- I certify that the information supplied on this form and in the accompanying documents is complete, true and correct.
- I understand that giving false or misleading information is a serious offence under the Criminal Code (Commonwealth).
- I understand that incorrect information may render my ongoing eligibility assessment invalid, and in such a case, the committee may revoke the scholarship.

Student signature _____ Date _____