

**APPLICATION FOR ADMISSION
TO
THE RESIDENTIAL COLLEGES OF
THE UNIVERSITY OF QUEENSLAND**

SURNAME:	Initials:
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I WISH TO BE A RESIDENT IN 20



1. Name: _____

Surname (BLOCK LETTERS)
Other Names
2. Preferred Name: _____
3. Date of Birth (day/month/year): _____ 4. Sex: _____
5. Town and Country of Birth: _____
6. Nationality: (a) At birth _____ (b) At present _____
7. Marital Status: Single _____ Married _____ Other _____
8. Religious affiliation: _____
9. Applying for: Full year Semester 1 only Semester 2 only Study Abroad/Exchange

Please pin here
four copies of a
passport – sized
recent photograph

10. COLLEGES

SUBMIT AN APPLICATION TO ONE COLLEGE ONLY.

- Some Colleges only accept year-long applications; please consult your College of choice for any further details.
- Applicants should be aware that the demand for College places is very high.
- Please indicate your College of choice by placing number (1) in the appropriate box and by underlining the name of the College.
- You may indicate a second (2) and third (3) preference. Your application may be passed on to your other preferences, after consultation.
- Applications to more than one College will void all applications.

Women only:	DUCHESNE	<input type="checkbox"/>	GRACE	<input type="checkbox"/>	WOMEN'S	<input type="checkbox"/>
Men only:	KING'S	<input type="checkbox"/>	ST LEO'S	<input type="checkbox"/>		
Women and Men:	CROMWELL	<input type="checkbox"/>	EMMANUEL	<input type="checkbox"/>	GATTON	<input type="checkbox"/>
	INTERNATIONAL HOUSE	<input type="checkbox"/>	ST JOHN'S	<input type="checkbox"/>	UNION	<input type="checkbox"/>

(Both Australian and International)

<p>11. Present residential address (PLEASE PRINT CAREFULLY):</p> <p>_____</p> <p>_____ Postcode: _____</p> <p>Telephone: () _____ Student Mob: _____</p> <p>Email: _____ Fax: () _____</p> <p>12. Postal address for correspondence when offers made (Jan-Feb)</p> <p>_____</p> <p>_____ Postcode: _____</p> <p>Telephone: () _____ Student Mob: _____</p> <p>Email: _____ Fax: () _____</p>
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OFFICE USE ONLY

Application received: _____

Fee receipt no: _____

Interview date: _____

OP/UAI: _____

Course accepted: _____

Date of College offer: _____

Offer accepted: _____

13. **Parents:**

(a) Title: _____ Work Telephone: () _____
 Occupation (Optional): _____ Home Telephone: () _____
 Father's name: _____ Mob: _____
 Address: _____ Fax: () _____
 _____ Postcode: _____
 Email: _____

(b) Title: _____ Work Telephone: () _____
 Occupation (Optional): _____ Home Telephone: () _____
 Mother's name: _____ Mob: _____
 Address: _____ Fax: () _____
 _____ Postcode: _____
 Email: _____

(c) Name (s) and age(s) of brothers and sisters.

(d) Name of Guardian (if applicable)

Title: _____ Work Telephone: () _____
 Address: _____ Home Telephone: () _____
 _____ Mob: _____
 Email: _____ Fax: () _____

14. **Applicant's intended course of study** (in order of preference) for 20_____

Tertiary Institution	Program and Group	Code

15. **Secondary Education**

(a) Place(s) and year(s) of secondary education

_____ 20 _____ 20 _____
 _____ 20 _____ 20 _____
 _____ 20 _____ 20 _____

(b) Semester results for Years 11 and 12 (Those not to hand to be forwarded when available).

Semester 1	Result	Semester 2	Result	Semester 3	Result	Semester 4	Result

(c) OP/UAI if known: _____ (d) QTAC number, if known: _____

16. **Previous Tertiary Education** (if applicable)

(a) Tertiary qualifications (please give details)

Year Awarded _____

(b) Place(s) and year(s) of tertiary studies, if any:

Year Awarded _____

Year Awarded _____

Subjects studied last year	Results (if known)	Subjects currently enrolled	Results (if known)

(c) If you have been at another University College or Hall, give particulars.

17. **Financial support:** Applicant's main source of income

Own private income/earnings Youth Allowance Parents

18. **Special Considerations:** (e.g. medical, dietary, family)

19. **Reasons for choice of College:** (Indicate any special links to the College of first preference, including family connection)

20. **Community / School Roles, Interests & Sports** (Indicate level of interest and participation.)

21. **References:** (Write the names of at least two persons from whom you are obtaining references, or to whom the College may write for confidential references.)

(a) Academic: _____ Position: _____

Postal Address: _____

_____ Postcode: _____

Telephone: () _____ Mobile: _____

Email: _____ Fax: () _____

(b) Personal: _____ Position: _____

Postal Address: _____

_____ Postcode: _____

Telephone: () _____ Mobile: _____

Email: _____ Fax: () _____

22. Contact details for College Offices:

Cromwell Ph: (07) 3377 1300
Fax: (07) 3377 1499
Email: stay@cromwell.uq.edu.au
Web site: http://www.cromwell.uq.edu.au

King's Ph: (07) 3871 9600
Fax: (07) 3871 9666
Email: kings.college@uq.edu.au
Web site: http://www.kings.uq.edu.au

Duchesne Ph: (07) 3377 2333
Fax: (07) 3377 2314
Email: duchesne.college@uq.edu.au
Web site: http://www.uq.edu.au/duchesne

St John's Ph: (07) 3842 6600
Fax: (07) 3870 5124
Email: stjohns.college@uq.edu.au
Web site: http://www.uq.edu.au/stjohns/

Emmanuel Ph: (07) 3871 9100
Fax: (07) 3870 7183
Email: emmanuel.college@uq.edu.au
Web site: http://www.emmanuel.uq.edu.au

St Leo's Ph: (07) 3878 0600
Fax: (07) 3878 0620
Email: stleos.college@uq.edu.au
Web site: http://www.stleos.uq.edu.au

Grace Ph: (07) 3842 4000
Fax: (07) 3842 4180
Email: grace.college@uq.edu.au
Web site: http://uq.edu.au/grace/

Women's Ph: (07) 3377 4500
Fax: (07) 3870 9511
Email: womens.college@uq.edu.au
Web site: http://www.womens.uq.edu.au

International House
Ph: (07) 3721 2480
Fax: (07) 3721 2476
Email: ih@uq.edu.au
Web site: http://www.uq.edu.au/ih/

Union Ph: (07) 3377 1500
Fax: (07) 3371 3826
Email: union.college@uq.edu.au
Web site: http://www.uq.edu.au/union/

* **Gatton Online applications – www.uq.edu.au/halls**

Ph: (07) 5460 1215
Fax: (07) 5460 1498
Email: halls@uqg.uq.edu.au
Web site: http://www.uq.edu.au/gatton/

23. **Statement by Applicant**

I, _____ agree to permit _____ College to access my academic results and information relating to my offer from the Queensland Tertiary Admissions Centre (QTAC) directly or through Admissions at The University of Queensland when assessing this application.

24. Signature of Applicant _____ Date: _____

25. Signature of Guardian (if applicant under 18) _____ Date: _____

26. **Please forward your application (along with \$55.00 application fee) as soon as possible but by 30 September. Late applications will be considered as determined by vacancies.**

Applications should be forwarded to: Admissions
(Name of College of choice), University of Qld
St Lucia Q 4072

Remember to enclose the non-refundable application fee (\$55.00 includes G.S.T.)

and four passport-sized photographs of yourself.

(Please note, these photographs may be displayed in College.)

27. Disclaimer Statement – The information you provide on this common application form will be used only for the purposes of the College(s)' application processes.

28. Comments – Office use only: _____