



Australian College of Applied Psychology

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School of Psychological Sciences Application to sit examination at an external venue

Please print in BLOCK LETTERS

Applications *must* be submitted by the end of week 9. Late applications will not be accepted.
Please note: Approval is not automatic upon lodgement of this form.

Student details

Student number
First name
Surname
Email address
Phone number
Address
Registered with Accessibility <input type="checkbox"/> Yes <input type="checkbox"/> No

Course Details

Full title of course
Campus <input type="checkbox"/> Sydney <input type="checkbox"/> Brisbane <input type="checkbox"/> Melbourne <input type="checkbox"/> Adelaide

Exam Details

Unit Code	Unit name	Date	Time

External Venue Details

Venue
Venue address
Postal address
Name of contact
Contact's position
Telephone number
Email
Venue cost
Supervisor cost

Please state briefly the reason for your application in your own words.

Example: live in a remote or rural area which is not close to an ACAP campus

How many evidentiary documents accompany this application?

I **declare** that the information I have provided on this application is correct. I understand that if I make any false or misleading statements I may be liable for disciplinary action.

Applicant's signature:
Date:

Please complete, scan and email to: registrar-exams@acap.edu.au

OFFICE USE ONLY

Date received:

Approved Student contacted