



# The University of Sydney

## Postgraduate Coursework Programs

Faculty of Veterinary Science, University of Sydney 2006  
PH: +61 2 9036 6365. Fax: +61 2 9351 3056. Email: pgcinfo@vetsci.usyd.edu.au

### APPLICATION FOR RE-ADMISSION

Student Number

Surname \_\_\_\_\_ First Names \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

E-mail \_\_\_\_\_

Program:    VPHMgt      ABMgt      Animal Science      Veterinary Studies      VPH  
(please circle)

**I wish to be readmitted after an absence into the following award course:**

- Graduate Certificate
- Graduate Diploma
- Masters
- Honours

**I wish to recommence my study in \_\_\_\_\_ (Semester 1/2) in \_\_\_\_\_ (year)**

I wish to complete the following units of study (Please note – you will be able to change these if you do so before the census date):

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

**Briefly state the reason for absence from study:**

**Briefly state the reason for wishing to be re-admitted to study:**

**Declaration:** I declare that the information submitted is correct and complete, and I understand that the University may obtain official records from any educational institution attended by me. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward this application to: **Postgraduate Coursework**  
Faculty of Veterinary Science  
Evelyn Williams building, B10  
University of Sydney  
NSW 2006  
Australia  
Fax: +61 2 9351 3056  
E-mail: [pgcinfo@vetsci.usyd.edu.au](mailto:pgcinfo@vetsci.usyd.edu.au)

**Faculty office use only**

Units of study successfully completed:

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

Code \_\_\_\_\_ Unit Name \_\_\_\_\_

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To be completed by the **Associate Dean for Postgraduate Studies**

Application for Re-admission is:    Approved                          Not approved   

Number of units to be credited \_\_\_\_\_

Earliest date for completion of degree: \_\_\_\_\_

Latest date for completion of degree: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_