ITAS Indigenous Tutorial Assistance Scheme



Student Application Form



| Persona | ii Detaiis | | | | |
|----------------------|---|---|---------------------------|--|---|
| Name | | | | Student ID | |
| Address | | | | | Postcode DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD |
| DOB | | | | | |
| Telephone | Home | Work Work | | Mobile: | |
| Email _ | | | | | |
| Are you | Aboriginal | Torres Strait Islande | er | | |
| Gender: | Male | Female | | | |
| Education | on Details | | | | |
| Exact name | of Degree or studies _ | | | | |
| Campus: | South Street | Mandurah | | External | |
| Are you able | e to come to South Street? | Yes | | No | |
| Semester co | ommenced | | Level o | f study: Year (e.g. ⁻ | 1st, 2nd) |
| Student | Educational Assessme | ent (to be completed by stu | dent) | | |
| | | (| | | |
| Need a Need a Need a | ssistance in interpreting and transsistance in understanding topics | emic language, key principals / methodo islating academic jargon in order to me is covered in lectures, tutorial material, a sments in terms of structure, arguments | eet the academic requaced | uirements of the above ey principals / metl | - |
| Other circu | ımstances | | | | |
| Are there ar | ny other circumstances we should | know about your current situation that | nt may help your tuto | r/s this semester? | |
| | | | | | |
| | | | | | |
| | | | | | |

| Please give feed | back on your pre | vious experience |
|---|---|--|
| If you have utilised | d ITAS previously, p | please provide any suggestions from your previous experience. |
| | | |
| | | |
| | | |
| | | |
| Declaration | | |
| I declare that | I will: | |
| Construct aAttend all aNotify my tSubmit a To | work program wi arranged tutorial se tutor in advance of uition Assessment r | |
| 2. I acknowledge | e that by not atten | ding an arranged tutorial on two occasions without valid reason or advanced notification my tuition may be cancelled |
| 3. I give my peri | mission for my cor | ntact details to be given to my tutor(s). |
| Signed | | Date |
| Return form to: | | |
| Student Support Co Kulbardi Aborigina Murdoch University 90 South Street Murdoch WA 6150 Telephone 08 9360 Fax 08 9360 6493 kulbardi@murdoch www.kulbardi.mur | al Centre y O O 2128 B n.edu.au | |
| Office Use O | nly | |
| Tuition approved | Yes | No |
| Total hours | | hours(s) |
| Proof of Enrolment | Yes | □ No |
| Comments | | |
| | | |
| | | |
| Signature | | Date of approval |
| 3 | | 5%C 0. %PP.0761 |