



## Non-Resident Program Application Form

Cromwell College  
Walcott Street, ST LUCIA QLD 4067  
AUSTRALIA  
Phone: 61 7 3377 1300, Fax: 61 7 3377 1499  
Email r.slater@cromwell.uq.edu.au

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: (day/month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Number: \_\_\_\_\_ UQ/QUT/Griffith/ACU (please circle)

Course of Study: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: (Please print clearly) \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Emergency Contact Information:

Contact Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Contact Mobile Number: \_\_\_\_\_