IP Unit Selection

Failure to complete all details may delay the processing of your enrolment. Please nominate all units in which you wish to enrol, ensuring that pre-requisites, as stipulated in the Handbook, have been satisfied.

Student Number (if known)									Campus: **IP** Group: **SMF** Course Code:
Mr/Mrs/Miss etc.	Surname/family name								Given Name/s
SEMESTER ADDRESS: _____ _____ Postcode: _____ Country: **SINGAPORE**									
Telephone (Home):	Work:								Mobile:
Is this a change of address? Yes ☐ No ☐									Email:

Enrolment Period: **Month** ☐ **to Month** ☐ **Year** ☐

Unit Code	Unit Title	

I declare that the information supplied on this form is complete and correct. I hereby agree that I will observe the Statutes, By-Laws and Regulations of Edith Cowan University. (NOTE: A signature and date is required before this form can be processed).

Student Signature **Date**

OFFICE USE ONLY Date entered on SRS/ECUWES	Date E-Centre notified