

IN PRACTICE COMPONENT ENROLMENT FORM

Please fill in all sections of this form using CAPITAL letters and in blue or black ink.



COLPass

In Practice Component Course Code

Title First Name Surname
Date of Birth Gender Male Female
Contact Number Preferred Email

Postal Address for all correspondence (if different from existing address)

Address
Suburb
State Postcode Country

My elective choice for the In Practice Component is:

Please select a different elective to those chosen for your Coursework Component. If you have completed both subjects during your Coursework Component, please select your preferred subject from the options below.

Consumer Law Practice Employment and Industrial Relations Practice

Full-time I have completed my Coursework Component

Part-time I have completed 15 weeks or more of the Coursework Component

Conditions of Enrolment: by signing this enrolment form you:

- Authorise The College of Law to obtain relevant information from the institution where you obtained your law degree if required.
- Undertake to advise The College of Law if you change your address or contact details.
- Acknowledge the Withdrawal, Refund and Transfer Fee Policies in the Program Manual, including the penalties for transfer or early withdrawal.
- Acknowledge The College's reporting responsibilities under the *Education Services for Overseas Students Act 2000* or *Higher Education Support Act 2003*.
- Recognise that The College of Law will require certification indicating English proficiency for overseas students.
- Authorise The College of Law, under the *Privacy Act 1988*, to utilise and disclose personal details for official use only which may include reports to Supreme Court admission agencies and research on behalf of The College of Law.
- Undertake to receive all notices and correspondences including Commonwealth Assistance Notices electronically.

Signature of Applicant

Date (DD/MM/YYYY)

Digital signatures accepted

Payment Details

In Practice Component – \$2,000

FEE-Help

Electronic Funds Transfer (EFT) – see www.collaw.edu.au/payment-options for bank account details or call 1300 856 111

Credit Card Visa Mastercard Amex No. on Card

Name as it appears on card Amount to be charged

Expiry Date CCV Code Signature

Please return to Student Services via email to support@collaw.edu.au