

Enrolment Form

Medicine Elective

Mr/Ms/Other _____

First Names

Surname

Address

Country

Postcode

Contact telephone number (include international codes)

E-mail

Ad. No

D/E

Checked & receipt sent

Please tick Year and Semester that applies to you

| Please Tick | Course Name | Course Number | Fee |
|--------------------------|--|---------------|----------|
| <input type="checkbox"/> | Medicine Elective 2006 Semester 1 (01/01/2006-23/07/06) | 0650010 | \$AUD100 |
| <input type="checkbox"/> | Medicine Elective 2006 Semester 2 (24/07/2006-31/12/06) | 0650020 | \$AUD100 |
| <input type="checkbox"/> | Medicine Elective 2007 Semester 1 (01/01/2007-23/07/2007) | 0750010 | \$AUD100 |
| <input type="checkbox"/> | Medicine Elective 2007 Semester 2 (24/07/2007-31/12/07) | 0750020 | \$AUD100 |
| <input type="checkbox"/> | Medicine Elective 2008 Semester 1 (01/01/2008-23/07/2008) | 0850010 | \$AUD100 |

Payment details (please tick)

I enclose an International bank cheque in Australian dollars drawn on an Australian bank and Redeemable in Australia. The cheque is made out to the **UNIVERSITY OF SYDNEY**.

Please charge my Mastercard/Visa Card (delete whichever is not applicable).
Please note we do not accept any other credit cards.

Card Number

Name on Card

Exp. Date

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Note: Please return the completed form to your nominated clinical school.