

# Student Exchange – Course Approval

This form must be completed by the exchange applicant in consultation with their UniSA Program Director, and lodged with Student Mobility, UniSA International.

Students must remain enrolled in specific exchange courses at UniSA while undertaking exchange programs, as normal provisions relating to fee liability apply. The fee liability will be equivalent to the UniSA courses that are exchanged.

### **More Information**

## On completion of the Exchange Program:

Before returning to UniSA, the exchange student must apply to the host provider for an official Academic Transcript.

### Returning to UniSA:

On return to UniSA, the student must lodge an academic transcript or a certified copy of an academic transcript from the host provider with Student Mobility staff.

### **Final Report:**

On return from the Exchange Program the student must lodge a report about their exchange experience with Student Mobility, UniSA International unisa.edu.au/Student-Life/Global-opportunities/study-overseas/

### **Further Information:**

If you have queries about this information please contact Student Mobility staff <a href="mailto:student.exchange@unisa.edu.au">student.exchange@unisa.edu.au</a>

LODGING YOUR APPLICATION	
In person	By mail
International Office	Student Mobility
Level 1 Reception	International Office
101 Currie Street	GPO Box 2471
Adelaide	Adelaide SA 5000

OFFICE US Student Mob					
Date received	d:		☐ Form processed a	s required	
Received by:			Date sent to Campus	Central:	
Exchange en	rolment infor	mation			
Sub area & Cat no	Class no	Course Name		Unit value	Fee Type
Campus Cer	ntral				
□ Student e	nrolled in list	ted courses	☐ Form placed on st	udent's file	
Date received	d:		Date processed:		
Received by:			Processed by:		



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Part	Part A: Personal details	details		Program details:	details:			
Stude	Student ID:			□ Postgr	Postgraduate	□ Undergraduate	Program code:	
Mr/Mi	Mr/Miss/Ms/Mrs:	First name(s):		Program title:	itle:			
Famil	Family name:			Program F	Program Plan / Major:			
Date	Date of birth:	Contact No:		Study Peri	Study Periods of proposed exchange:	exchange:		
Part	Part B: Exchange data	e data						
Name	Name of Host Provider:	der:				Country:	, i.	
rar	Fart C: Exchange courses	e courses						
Host	Host Provider Courses	ırses		Equivalent U	Equivalent UniSA Courses			
Š	Course Code	Name of course	Course	se Subject Area	Catalogue Number	Name of Course	Unit Value	
-								
Alt.								
2								
Alt.								
3								
Alt.								
4								
Alt.								
		Total · (eg ECTS,	Total value for semester (eg ECTS, Credits, Points, etc)			Total	Total value for semester (eg 18 or 13.5 units)	
Stud	Student Declaration	tion		Program Di	Program Director Declaration	ion		
l auth	orise Campus	l authorise Campus Central to enrol me into the relevant UniSA exchange courses.	exchange courses.	l approve courses comple program as stated above.	rses completed sated above.	I approve courses completed satisfactorily overseas to be credited to the student's UniSA program as stated above.	ed to the student's UniSA	1
				Program Director's name:	ctor's name:			- 1
Stude	Student signature:		Date:	Program Dire	Program Director's signature		Date:	

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