

CENTRAL MELBOURNE INSTITUTE

Level 6 460 Bourke Street Melbourne 3000 Ph: 03 8637 7700 E- mail: info@cmi.vic.edu.au

Student Enrolment Form					
Personal Details					
Family Name:					
Given Name/s:					
Date of Birth:		Student ID:			
Gender (please tick):	□ Male □ Female				
Passport Number:					
Visa Number:		Visa Expiry Date:			
Residential Address:					
Email:		Phone:			
USI Number (if known)		·	·		
Emergency Contact Details					
Name:					
Address:					
Telephone Number:					
Relationship to you:					
Student Declaration:					
O I understand my obligation as a student.					
O I am aware of the CMI's attendance and course progress requirements.					
\bigcirc I agree to abide by the conditions of enrolment as specified in the offer letter and agreement.					
\bigcirc I declare the information provided by myself, on this form is true and correct.					
Signature:		Date:			
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OFFICE USE ONLY

Updated in SMS by:	Date	
Updated in PRISMS by:	Date	