Advance to University

Applicant details

Student name:

VCAA Number:
Eg. XXXXXXXXA

Parent/Guardian details

Full name:

Postal address:

Email:

Contact number:

☐ I declare that my child/the applicant has my support and permission to participate in the above program at Federation University

Signature: Date:

Principal/Principal's Delegate approval

☐ I declare that this student has my permission to participate in the above program

☐ I declare that this student has completed or is concurrently completing the required prerequisite VCE studies for this course

Principal Full name:

School:

School contact name: Contact number:

Contact Email address:

Signature: Date:

Submit your application through our Apply Online site: https://fred.federation.edu.au/startHEdApplication/ Attach this form to your application prior to submitting.