



Saints Cyril and Methodius Orthodox Institute

Application for Enrolment as an Audit Student

(Non-Award Study)

Please read the following information before completing this form.

1. This form is for enrolment as an audit student of SCMOI. After acceptance by SCMOI you will need to enrol with Adelaide College of Divinity (ACD) for the unit or units you wish to attend. Please DO NOT proceed with ACD enrolment until advised by SCMOI.
2. Audit students attend classes but are not assessed and do not receive academic credit for the unit(s) in which they participate.
3. SCMOI reserves the right to accept or to decline any application for enrolment as an audit student of the Institute.
4. SCMOI requires a \$25.00 (AUD) administration fee to process your application. This fee applies only to your initial application to be enrolled as an audit student. You will be invoiced for this fee on receipt of your application. Your application cannot be completed until the fee is paid.
5. Lodge your completed application:
 By email: info@scmoi.edu.au
 By post: SCMOI, P.O. Box 4019 Elizabeth South SA 5112

Personal details

Name (in full):			
Title:	Fr / Rev / Dr / Mr / Mrs /Ms / Miss /Other:		
Date of birth:			
Address:	Street:		
	P.O. Box:		
	City:	State:	Postcode:
Contact:	Telephone:	Mobile:	
	Email:		

What is the highest educational level or award you have obtained?

Level/Award	School/University/Institution	Year in which level/award completed

Church affiliation (if not affiliated with a church enter "None")

Parish/local Church I attend:	
City/suburb and state:	

What unit or units do you wish to audit in the coming semester?

Unit code	Unit title

Declaration

I certify that the information I have supplied on this form is correct and complete.

I understand that SCMOI is an institution of the Russian Orthodox Church Outside Russia and that the Holy Tradition and ethical norms of the Holy Orthodox Church regulate the content of courses, institutional ethos, and the conduct of staff and students.

I accept that my personal information is collected, used and stored by SCMOI in accordance with the Privacy Act 1998 and the Australian Privacy Principles prescribed by the Privacy Amendment (Enhancing Privacy Protection Act) Act 2012.

I authorise SCMOI to provide my personal Information to State and Commonwealth agencies if required to do so pursuant to State and Commonwealth Law.

NAME (please print): _____

*Signature: _____ Date: _____

**If lodging electronically an e-signature is acceptable. Otherwise you need to print this form, sign it and send SCMOI a scanned copy by email or else send the original document by post.*

<u>Office use only</u>	
Received:	Processed: