

# Kathleen Lumley College

POSTGRADUATE COLLEGE OF THE UNIVERSITY OF ADELAIDE

MASTER: DR DAVID L. CLEMENTS

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Office Use Only

Approved \_\_\_\_\_

Room No \_\_\_\_\_

Rate \_\_\_\_\_

*Please attach two recent photos of the applicant. Write name in CAPITALS on reverse.*

## Registration and Application for Entry

Please fill in (PRINT) and return to the office as soon as possible.

I hereby apply to reside at Kathleen Lumley College

From \_\_\_\_\_ Until \_\_\_\_\_

### 1. Personal Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital status \_\_\_\_\_ Male/Female \_\_\_\_\_

Have you ever suffered from or are you at present suffering from any major illness or disability?

\_\_\_\_\_

### 2. Next of Kin – Name and Address \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

### 3. Education Record

Degrees	University	Year Conferred
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### 4. Details of Tertiary Course to be pursued during residence at Kathleen Lumley College

University \_\_\_\_\_ Department/School \_\_\_\_\_

Degree: Ph.D./Masters/Postgraduate Diploma/Other \_\_\_\_\_

Full-time/Part-time \_\_\_\_\_ Due to graduate \_\_\_\_\_

Supervisor \_\_\_\_\_

Usually working at (address) \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_ Ext \_\_\_\_\_

### 5. Previous Residence in Colleges/Halls

Have you been a resident of a College/Hall at a tertiary institution (Y/N)? \_\_\_\_\_

If YES, give details \_\_\_\_\_

### 6. Extra Curricular Interests

\_\_\_\_\_

If accepted as a resident of Kathleen Lumley College, I agree to pay all residential fees and charges when due, to abide by the College regulations, and to give not less than four week's written notice of my intent to give up residence.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_