

Student number:

Student Name:

I solemnly and sincerely declare to the University of Melbourne and submit this form in lieu of a medical certificate, health professional form or statutory declaration which I cannot source because:

and I make this declaration conscientiously believing its contents to be true.

I declare that all the information supplied by me is complete, true and correct in every particular and acknowledge that the University may terminate my studies if I have misrepresented my past and/or present circumstances and that this termination may take place at any stage during the course undertaken. I understand that provision of false information may constitute academic misconduct in accordance with 5.65 of the [Student Academic Integrity Policy](#) and under the [Academic Board Regulation 42 \(a\)](#).

I understand that the University reserves the right to inform other tertiary institutions if any of the material presented to support my application is found to be false.

I agree all documents submitted become the property of the University of Melbourne.

Student Name:

Date (DD/MM/YY): / /

Privacy statement

The information on this form is being collected by Academic Services, University of Melbourne. You can contact us on 13 MELB (13 6352). The information is being collected to administer your enrolment. The information will be used by authorised staff for the purpose for which it was collected and will be protected against unauthorised access and use. As required by the Education Services for Overseas Students Act 2000: National Code Part D, Standard 5, your information can be forwarded to the Department of Education and Training and Department of Home Affairs to comply with reporting requirements in relation to students under 18 years holding overseas visas. You can access any personal information the University holds about you.

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