

Application for a UWA Visitor Campus Card

Applicant details: *To be completed by applicant*

	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> A/Prof (please tick one)	
Family Name:	_____	
Given Name(s):	_____	
UWA School or Centre:	_____	
Postal Address:	_____	
Email Address:	_____	
Phone No (work):	_____	(Mobile / A/H): _____
Signature of Applicant:	_____	Date: _____

Campus Card Authorisation: *To be completed by Head of Faculty/School/Centre (or delegated officer)*

Card authorised by:	_____	Signature: _____
	(Print Name)	
Faculty/School/ Centre:	_____	Phone No: _____ Date: _____
Card access to buildings ends on:	___/___/20___	OLM expiry date entered by: _____
NOTE:		
1. Faculty/School/Centre authorising application makes 1 copy of completed form for their records.		
2. Faculty/School/Centre gives applicant the original form.		
3. Applicant takes original form to Student Administration, who issue Visitor Campus Card and retain original form.		
4. Where Library Membership has been authorised, Student Administration email completed form to Library.		

Library Membership Authorisation: *To be completed and authorised by Head of Faculty/School/Centre (or delegated officer)*

<i>Please select category of applicant:</i>	
<input type="checkbox"/> Visitor	
<input type="checkbox"/> Visiting undergraduate student	
Applicant will be mainly located:	<input type="checkbox"/> On-Campus / Perth <input type="checkbox"/> Regional <input type="checkbox"/> Overseas/offshore
Applicant agrees to abide by the Library rules:	http://www.library.uwa.edu.au/about/rules
Signature of Applicant:	_____ Date: _____
Card authorised by:	_____ Signature: _____
	(Print Name)

Student Administration office use only:	Visitor Card No: _____
Card issued by:	Signature: _____
	Date: _____
Card received by:	Signature: _____
	Date: _____
Library use only:	
Library Membership authorised by Library	<input type="checkbox"/> Yes <input type="checkbox"/> No Membership expiry date ___/___/20___
Authorised by:	Signature: _____
	Date: _____