THE UNIVERSITY OF WESTERN AUSTRALIA

Application for a UWA Visitor Campus Card

Visitor Number: V _____   **Barcode:** _____

Applicant details: *To be completed by applicant*

Mr ☐   Ms ☐   Mrs ☐   Miss ☐   Dr ☐   Prof ☐   A/Prof ☐   (please tick one)

Family Name: _____

Given Name (s): _____

UWA School or Centre: _____   Mail Bag Number: M _____

Email Address: _____   Phone Number: _____

Signature of Applicant: _____   **Date:** _____

Applicant agrees to abide by the Campus Card Rules: www.campuscard.uwa.edu.au/conditions and Library rules:
www.library.uwa.edu.au/about/rules

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

Card Authorised by: _____   Signature: _____
                              (Print Name)

Faculty/School/ Centre: _____   Phone (Ext) _____   Date: _____

Card access to buildings ends on: ___/___/20___   LMS Access Required: Staff ☐   Student ☐   No ☐

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 (IF REQUIRED): *To be authorised by Head of Faculty/School/Centre*

Visitor ☐   **Visiting Undergraduate Student** ☐

Signature of Applicant: _____   Date: _____

Card authorised by: _____   **Signature:** _____
                              (Print Name)

Student Administration Office Use Only:

Card Issued by: _____   Signature: _____   Date _____

Library Use Only:

Membership authorised by Library - Yes ☐   No ☐   Membership Expiry _____

Authorised by _____   Signature _____   Date _____