



## Distance Education Program Centre for Actuarial Studies

Please indicate the subject(s) you are taking:

- ☐ ACTL90010 Actuarial Practice and Control I.
- ☐ ACTL90011 Actuarial Practice and Control II.
- ☐ ACTL90018 General Insurance Practice.
- ☐ ACTL90019 Data Analytics in Insurance 2.

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Building Name \_\_\_\_\_ Unit/Street Number: \_\_\_\_\_

Street Name: \_\_\_\_\_ City/Suburb \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Documentation Required\*

The following documentation (where applicable) must be attached by all applicants.

- ☐ A certified copy of transcripts of academic record in English for all subjects completed at the University of Melbourne and other institutions.
- ☐ Evidence of Part II subjects previously taken
- ☐ Exemption letters and any statements or other information you wish to be considered with this application

Please answer the following questions.

1. If you had/have a University of Melbourne student ID, what is it? \_\_\_\_\_

2. Please tick the Foundation Program (Part I) subjects you have passed/been exempted from:

CS1 ☐ CS2 ☐ CM1 ☐ CM2 ☐ CB1 ☐ CB2 ☐ or

CT1 ☐ CT2 ☐ CT3 ☐ CT4 ☐ CT5 ☐ CT6 ☐ CT7 ☐ CT8 ☐

3. Please tick the Foundation Program (Part I) subjects you have studied but not passed or gained an exemption for:

CS1 ☐ CS2 ☐ CM1 ☐ CM2 ☐ CB1 ☐ CB2 ☐ or

CT1 ☐ CT2 ☐ CT3 ☐ CT4 ☐ CT5 ☐ CT6 ☐ CT7 ☐ CT8 ☐

4. For how many years have you been working?

Not worked ☐ Vacation work ☐ Less than 1 year ☐ 1-3 years ☐ 3-5 years ☐ More than 5 years ☐

If you have been working, have you been working in an actuarial area? Yes ☐ No ☐

If no, what area are you working in? \_\_\_\_\_

5. Will you study any of the Foundation Program (Part I) subjects concurrently with APC subjects?

Yes ☐ No ☐ Which ones? \_\_\_\_\_

6. Have you attempted one or more components of the Actuary Program (Part II) at University of Melbourne?

Yes ☐ No ☐

If yes, please write your student/distance ID, and tick the Actuary Program (Part II) subjects you have attempted:

Student/Distance ID \_\_\_\_\_

APC I ☐ APC II ☐ Data Analytics in Insurance II ☐

7. Have you attempted one or more components of the Actuary Program (Part II) at another accredited university?

Yes ☐ No ☐

If yes, please provide the relevant subject information

University	University subject	Part II component it is equivalent to

## Declaration

I declare that the information I have supplied on this form and in any supporting documents submitted with this application is, to the best of my knowledge, complete and correct. I authorise the University of Melbourne to obtain official records with respect to myself from each other tertiary institution I have attended and to seek any other relevant Information about myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Centre for Actuarial Studies

Distance Education Program Administrator  
Level 4 Faculty of Business and Economics Building  
The University of Melbourne  
111 Barry Street Carlton VIC 3053

Email: [econ-actenquiries@lists.unimelb.edu.au](mailto:econ-actenquiries@lists.unimelb.edu.au)

**\*Note:** *The information collected from this form will only be used by the relevant Faculty. The form will be kept on your student file but will not be used for any other purpose other than that stated here.*