



# Application for a UWA Visitor Campus Card

## 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: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: (work): \_\_\_\_\_ (Mobile / A/H): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Card authorised by: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

UWA School or Centre: \_\_\_\_\_ Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

Access to School/Centre buildings ends on \_\_\_/\_\_\_/20\_\_\_ OLM expiry date entered by: \_\_\_\_\_

**NOTE:**

1. School/Centre authorising application **makes 2 copies** of completed form
2. School/Centre retains **1 copy** as record and gives Visitor the **original** form and **2nd copy**
3. Visitor takes **original** form to Student Administration, who issue Card and retain **original** form
4. To apply for Library Membership, Visitor takes **2nd copy** with Card to the Library the **next** working day (Mon-Fri) **after** the Card is issued (record has to download to the Library overnight)

## Library Membership Authorisation *To be completed by Head of School or Centre (or delegated officer)*

Please select Category of Applicant:

**UWA Associate staff** (teaching or supervising UWA students)       **UWA Academic visitor**  
 **Visiting postgraduate student**       **Visiting undergraduate student**  
 **Researcher** works with \_\_\_\_\_ (UWA staff member) in \_\_\_\_\_ (Faculty, School or Centre)       **Other** (Please specify) \_\_\_\_\_

Applicant will be mainly located:     On-Campus / Perth     Regional     Overseas/offshore

Applicant agrees to abide by the Library rules:    <http://www.library.uwa.edu.au/regulations/>

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Head of School or Centre: \_\_\_\_\_ Date: \_\_\_\_\_

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