



WARAWARA
Department of Indigenous Studies
INDIGENOUS TUTORIAL ASSISTANCE SCHEME
SEMESTER ONE
STUDENT APPLICATION FORM

Name: _____ Student No: _____
 Address: _____ Suburb: _____
 Postcode: _____ Telephone: _____
 Mobile: _____ E-mail address: _____

PROGRAM TITLE: _____ STAGE OF PROGRAM: _____
 Have you received tutorial assistance under ITAS at this University before: Y / N
 Details of the subject(s) in which you require tutoring.
Please fill out the table with the relevant information. If you do not have a preferred tutor/mentor a suitable tutor/mentor will be allocated to you.

Subject	Subject Code	Lecturer	Preferred Tutor/Mentor

Please provide details of why you require ITAS Assistance: _____

I affirm that I am an Aboriginal or Torres Strait Islander Student: Please tick Box

Permission for ITAS Officer to access your exam results: Y / N
 Student's Signature: _____ Date: _____
 Authorised by: _____ Date: _____