



Fellowship Examination Application Form

At least three (3) months notice of intention to sit an examination must be provided to AIMS National Office

PERSONAL INFORMATION

Preferred title: Dr Ms Mr Mrs Miss Other

Last name / Surname:

Given name(s):

Years of Postgraduate Work Experience: Discipline for Study:

CONTACT INFORMATION

Postal Address:

Suburb / City: State:

Postcode: Country:

Contact Telephone Numbers and Email:

Mobile: Work:

Candidate email address:

EXAMINATION DETAILS

Module to be Examined:

Tick this box if you are enrolling in your Viva Voce Examination

Please note: Venue and date of Viva Voce Examinations will be determined by the Examinations Council.

PROPOSED DATE & VENUE (MODULES ONLY)

Proposed date (please circle one): June November Year:

Candidates will be advised of the exact examination date and time prior to the examination.

State where sitting exam (please circle one): ACT NSW NT QLD SA TAS VIC WA

PAYMENT INFORMATION

Once your Fellowship Examination Application Form has been received and processed, applicants will be emailed a link to complete payment for the examination through the AIMS online system.

Payment **must** be in Australian dollars (AUD) and all payments are **non-refundable**.

Please refer to the AIMS website for current fees. Fees are subject to change without notice.

CANDIDATE DECLARATION & SIGNATURE

- By signing this Fellowship Examination Application form, I hereby agree to adhere to the Fellowship Regulations and the Fellowship Academic Misconduct Policy. [Click Here](#) to view our Privacy Policy.

Signature: **Date:**

SUBMIT TO: Email your completed Fellowship Examination Application Form to programs@aims.org.au

Office Use Only

ACCEPTED FOR PROCESSING: YES NO ENTERED: YES NO ACKNOWLEDGED: YES NO