



# Legal Profession Admission Board

Level 4, 37 Bligh St Sydney | GPO Box 3980, Sydney 2001

# Application for Enrolment

Student No.

If there are any changes to your name, mailing address, contact details, or examination venue, please provide updated details in the space below. For name changes, original documents evidencing the change of name must be submitted.

**-IMPORTANT** -This form can only be accepted for enrolments in the summer 2009/10 semester

<b>DATE OF BIRTH</b>		
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<b>NAME</b>		
Title		
Surname		
Given Names		

<b>MAILING ADDRESS</b>		
Mailing Address		
Postcode		

<b>CONTACT DETAILS</b>		
Phone (Work)		
Phone (Home)		
Mobile		
Fax		
Email		

<b>EXAM CENTRE</b>		
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\*Please refer to the examination timetable and select your subjects carefully to avoid sitting for two exams in the same session

<b>SUBJECTS</b>	
Subject Number	*Subject Name

1. I declare that the information supplied on this form and as amended by me is true and correct. 2. I agree to abide by the Legal Profession Admission Board & Law Extension Committee rules, policies & procedures. 3. I take full responsibility for the consequence of any late enrolment on my part. 4. I acknowledge that the LPAB has a statutory obligation to provide information about its students to certain government entities.	<b>SIGNATURE</b>	
	<b>DATE</b>	