

Vision Sciences

Department of Optometry
and Vision Sciences



THE UNIVERSITY OF
MELBOURNE

Bachelor of Science (Honours) Postgraduate Diploma in Science

Please return this Application Form with the "Application for Admission to the Bachelor of Science (Honours)" form to the Administration Office, Level 1, Optometry Building.

Name _____ Student Number _____

Mailing address (after Semester finishes) _____

Contact Telephone (after Semester finishes) (H) _____ (Mob) _____

Email _____

RESEARCH PROJECT PREFERENCES

(Submit a green form for each project)

Preference	Supervisors & Project	Supervisor signature	Acceptance (Check one)
1			<input type="checkbox"/> Accept <input type="checkbox"/> Prov. Accept
2			<input type="checkbox"/> Accept <input type="checkbox"/> Prov. Accept
3			<input type="checkbox"/> Accept <input type="checkbox"/> Prov. Accept
4			<input type="checkbox"/> Accept <input type="checkbox"/> Prov. Accept

SUBJECTS COMPLETED

Degree _____ Major _____

Please list your 300 level subjects:

Please list your Vision Science 300 Level units (if any):

No.	Subject	No.	Subject	Tick
		655341	Ocular Histopathology	
		655351	Ophthalmic Prosthetics I	
		655028	Foundations of Visual Neuroscience	
		655321	Visual Physiology and Perception	
		600311	Research Project A (Vision Sciences)	
		600312	Research Project B (Vision Sciences)	

Which other Departments/Institutions are you applying to for Honours?

(This helps us to organize our records) _____

How did you hear about Honours in Vision Science? _____