

THE UNIVERSITY OF MELBOURNE
SCHOOL OF BEHAVIOURAL SCIENCE
DEPARTMENT OF PSYCHOLOGY
PSYCHOLOGICAL TEST RESOURCE CENTRE

Test Materials Registration Form

Please complete this form and submit to Psychology Reception - Level 12
Redmond Barry Building
Email: enquiries@psych.unimelb.edu.au or phone: (03) 8344 6377

PERSONAL INFORMATION

Student ID: _____
Title: _____ Family Name: _____
Given Name/s: _____
Address: _____
_____ Postcode: _____
Preferred Email: _____
Business Phone No.: _____ Home Phone: _____

COURSE INFORMATION

Course: _____
Year Level: _____ Expected date of Completion: _____

Educational Psychology Student? Yes / No

Associate of the department? Yes / No

SUPERVISOR'S INFORMATION

Supervisor: _____
Supervisor's signature: _____
Contact Phone No.: _____ Email: _____

I have read and understand my rights and responsibilities (found in the Policy and Procedures Manual, Psychological Test Resource Centre) as a borrower of test materials.

Signature _____ Date: __/__/__.