

THE UNIVERSITY OF MELBOURNE  
PSYCHOLOGICAL SCIENCES  
TEST LIBRARY

## Test Materials Registration Form

Register to borrow from the Test Library by completing this form and handing in to the office or email to: [enquiries@psych.unimelb.edu.au](mailto:enquiries@psych.unimelb.edu.au)

### PERSONAL INFORMATION

Student ID: \_\_\_\_\_

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### COURSE INFORMATION

Course: \_\_\_\_\_

Year Level: \_\_\_\_\_ Expected date of Completion: \_\_\_\_\_

### SUPERVISOR'S INFORMATION

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

I have read the Test Library Policy and Procedures Manual and understand my rights and responsibilities as a Test Library borrower.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_