

Do you have a passport?

Yes

No

Passport number: _____
Passport expiry
date: _____

CONTACT DETAILS

Email address: _____

Permanent Overseas address

Country: _____
Address: _____
City: _____
State/Province: _____
Post/Zip Code: _____
Phone number: _____

EMERGENCY CONTACT

Name: _____
Relationship: _____

Country: _____
Address: _____
City: _____
State/Province: _____
Post/Zip Code: _____
Phone number: _____
E-Mail: _____

PROGRAM

Program: Study Abroad Student

I plan to study in: February July Year: _____
 I will be studying for: One Semester One Trimester
 Two Trimester One Year

UNIT SELECTION

If you want to take three units, please write down six units. If you want to take four units, please write down eight units.

Unit Name	Unit Code

Campus note: most courses are offered on the main campus at Callaghan. However, some courses are offered on the Ourimbah campus one and a half hours drive south of Newcastle. Please check your course information carefully. Further information regarding course descriptions and timetables is available at:
<http://studinfo3.newcastle.edu.au/cts/handbook/handbooksubjectSearch.cfm>

ACADEMIC QUALIFICATIONS

Please list any studies you have attempted, whether complete or incomplete.

Current University

Country: _____
Institution: _____
Name of program: _____
Start date: _____

Have you completed the above study?

- Yes No

Do you intend to complete the above study?

- Yes No

Expected completion date: _____

You are currently: Freshman/1st Year Sophomore/2nd Year
 Junior/3rd Year Senior/4th Year
 Graduate

Qualification 2

Country: _____
Institution: _____
Name of program: _____
Start date: _____

Have you completed the above study?

- Yes No

Do you intend to complete the above study?

- Yes No

Expected completion date: _____

EMPLOYMENT HISTORY

Do you have any relevant employment to be considered?

Yes

No

Name of employer: _____

Position: _____

Start date: _____

End date: _____

Full time/part time: _____

Name of employer: _____

Position: _____

Start date: _____

End date: _____

Full time/part time: _____

If you would like to add work experience, please write it down on a separate sheet.

ENGLISH PROFICIENCY

What is your first language? _____

If you have taken an English proficiency test within the last 24 months, please write down the test type: _____

Test date: _____

Overall score: _____

Listening score: _____

Reading score: _____

Writing score: _____

Speaking score: _____

Test reference number (if applicable): _____

VISA

Does the applicant have family in Australia?

- Yes No

Has the applicant applied previously?

- Yes No

Have you applied for a Student Visa previously?

- Yes No

Does the applicant have a current Australian visa?

- Yes No

Has there been a Visa Refusal Breach in the past?

- Yes No

OVERSEAS STUDENT HEALTH COVER

It is a requirement of the Australian Government that you maintain Overseas Student Health Cover (OSHC) for the duration of your student visa. Please choose one of the following options:

- Please arrange Visa Length OSHC
- I am organising my own OSHC

Please select the type of cover you require:

- Cover for myself only
- Cover for myself and my spouse OR myself and one child
- Family cover for myself AND my spouse AND my child/ren

APPLICANT DECLARATION

I declare that the information I have supplied in this application is correct and complete. I understand that the University may vary or cancel any decision it makes if the information I have supplied is found to be incorrect or incomplete. I recognise that it is my responsibility to provide all documentary evidence requested in this application.

I authorise the University to obtain further information where deemed necessary. I agree to comply with the rules governing admission and enrolment of the University. I understand that I am responsible for the prompt payment of any fees related to the program to which I am applying for admission.

I understand that the University may be required to release the information supplied to Commonwealth and State agencies, pursuant to obligations under the Education Services for Overseas Students Act 2000 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students and I hereby authorise the release of information contained in the Application Form to such agencies. I understand that the University is required by law to inform the Department of Education, Science and Training of changes to my enrolment and any breach of a student visa condition relating to satisfactory academic performance.

Applicant Name: _____

Place, Date: _____

CERTIFICATION

All applicants must sign below.

I certify that the information I have provided on this application is true and correct. I understand that failure to disclose correct information may result in the cancellation of my application or admission.

Important Reminder: Only complete applications will be reviewed.

Applicant Signature: _____

Place: _____

Date: _____ (MM/DD/YYYY)

Authorization for IEC to process this application

I hereby permit International Education Centre (IEC Online GmbH) to submit the information which I have provided on the Application Form for the Swinburne University of Technology via an electronic online application form created and maintained by the university.

Applicant Signature: _____

Place: _____

Date: _____ (MM/DD/YYYY)

Please submit your application with all required documents to IEC:

IEC Online GmbH
z. Hd. Team Welt
Marienstrasse 19-20
10117 Berlin