

International Application Form

Agent/ Representative Details	Program Selection							
Agency jeconline GmbH Email do	wnunder@ieconline.de	Program						
Address 2 City Marienstrasse 19/20, D-10117 Berlin Tel. +49 (0)30-20458687 Address 2 Country Ge	ermany	Code Plan Intake						
P/C www.ieconline.de Counsellor IF	•	Campus						
Personal Details								
Title: Family Name:	Given Name:	Middle Name:						
Preferred name: DOB:	Gender: Citiz	zenship:						
Country of birth: Which co	ountry are you applying from:							
State: City:								
Passport number: Previous	UniSA student ID:	SA student ID:						
Do you have a disability or long term illness?	ou require support services?	require support services?						
Contact Details								
Email address:	Seconday email address:							
Mobile:	Home Telephone:							
Permanent address in home country								
Country:	Address Line 1:							
Address Line 2:	Suburb:							
State/Province:	Post/Zip code:							
Current address Country:	Address Line 1:							
Address Line 2:	Suburb:							
State/Province:	Post/Zip code:							
	, 650, 21p code.							
Visa Details Do you currently hold an Australian visa? Type of visa								
	If yes, please attach the decision	n record or correspondence						
Have you ever had a visa refused, cancelled or overstayed your visa? If yes, please attach the decision record or correspondence. Do you intend to apply for an Australian student visa? Have you ever been refused admission by another Australian provider?								
Do you intend to apply for an Australian student visa? Have you ever been precluded, excluded or suspended from an Australia		another Australian provider?						
	n education provider?							
If yes, please provide details								
Will you be married at the time you start studying in Australia?								
Academic Qualifications								
Qualification 1	Qualification 2	Qualification 3						
Program level:								
Name of program:								
Name of institution:								
Other name: Country:								
Language:								
Duration:								
Have you completed?								
Expected completion date:								
Do you intend to complete?								
Attach transcripts								



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Academic Qualifications Continued					
Has it been more than 6 months since you last	studied?				
Please provide some information on what you been doing since you completed your last pro- including details about work experience you've undertaken during this period.	gram,				
Credit/Advanced Standing					
Do you wish to have any completed tertiary stu	udies considered for credit/advanced standing? If yes, please attach Syllabus/Course outline				
English Proficiency					
What is your first language?					
How do you intend on meeting the English Lar	nguage requirements for this program?				
Have you studied an English language course	in Australia? Which English language provider did you study with?				
Would you like the University to arrange an Er English test details	nglish program for you?				
Test type:					
Test date:					
Overall score:					
Listening score:					
Reading score:					
Writing score:					
Speaking score:					
Test reference number:					
Have you assigned PTE scores to UniSA?					
Registration number:					
Overseas Student Health Cover					
	nent that you maintain Overseas Student Health Cover (OSHC) for the duration of your student visa. Please choose one of				
· Please arrange Visa Length OSHC for r	myself myself and my partner: myself and my family:				
· I am already in Australia and have an e	existing Overseas Student Health Cover				
· I am organising my own Ple	ease upload evidence of your own OSHC.				
· My sponsor will arrange my OSHC on r	ny behalf:				
· I am Norwegian student covered by th	e National Norweigian Insurance Scheme - I do not require OSHC:				
· I am a Swedish student covered by CSN International - I do not require OSHC:					
· I am a Belgian student covered by the	Belgian Government Insurance Scheme - I do not require OSHC:				
Sponsorship Information					
Have you applied for a scholarship or will you	ha spansarad?				
Sponsorship details	ue sportsoreu:				
Sponsor name:	Relationship to you:				
Other information about your sponsorship:					
Attach copies of your letter of guarantee docu	ments from your sponsor (if available).				
I understand that the University of South Australia may share and discuss my contact details, academic progress, examination results					

and any issues affecting or relating to my studies (including health issues) with your Sponsor/Nominated Award Administrator.



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Pe	rsonal Representative						
Do you wish to authorise the University of South Australia to release information about your application to another person on your behalf? yes							
Tit	le: Famil	y Name: $$ $$ $$ $$ $$ $$	C Online GmbH		Given Name:		
Те	lephone number: 004930403610	400 Email:	downunder@ieconlin	e.de	Relationship to you: Agent		
Ap	plication Source						
Ad	vertising T Friends/Family M ow	ın research 🗖	Australian Embassy/High Commis	sion 🗖 My	home School or University UniSA email promotio	n 🗖	
On	line Platform	Other	Other description				
На	ve you attended an exhibition or event an	d met with a Un	iversity representative?				
Wh	nich event did you attend?						
Ap	plicant Declaration						
	I declare that the information provided by me in this application is true and accurate to the best of my knowledge. I agree to tell the University of South Australia immediately if there is any change to the information I have given in this application. I have read and understood the University's Guidelines on Payment and Refund of Fees for International Students.						
	I confirm I have sufficient financial resources to pay for travel, tuition and living expenses for myself and any dependants for the duration of my stay in Australia. I understand that if I obtain work in Australia this is considered an opportunity for social interaction and not as a source of income.						
	I confirm I am a genuine student and I intend to obtain a successful education outcome and stay in Australia temporarily. I understand the University of South Australia may refuse to assess my application, withdraw an offer or cancel my enrolment if it forms the opinion that I am not a genuine temporary entrant as defined by Australian immigration authorities.						
	I authorise the University to release the information and documentation provided in my application to its representatives (including contracted third parties) for their assessment and verification.						
	I authorise the University of South Australia and its representatives to make enquiries and obtain information and my official records from third parties including but not limited to the Department of Home Affairs, government bodies, educational institutions previously attended by me, former or current employers and financial institutions. I understand that the University may release my personal information to the University's partner educational institutions, government departments or any other relevant bodies for verification and assessment. I understand that any information obtained will be kept on record and considered when assessing my application for entry into the program.						
	I authorise the University of South Australia to access Australian immigration Visa Entitlements Verification Online (VEVO) service at any time to obtain information on my Australian visa status.						
	I understand that the University of South Australia may vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, incomplete or fraudulent information or documentation. I understand that the University of South Australia may, in these circumstances, impose an application or enrolment ban on me for a period. I understand the University of South Australia reserves the right to inform other institutions and the relevant government departments of the provision of any such fraudulent documentation or information.						
	I understand that the University has obligations under Australian Government legislative requirements and may refuse to assess my application, withdraw an offer or cancel my enrolment as its sole discretion.						
	I agree that if I do not meet the entry requirements for the program I have applied for that I can be considered for an alternative program at the University of South Australia and may have my application forwarded to the University's partner pathway providers.						
	I acknowledge that the documents submitted with my application become the property of the University and will not be returned to me.						
	I understand that the University will provide me with information about its products, services and events. I understand that I can review how my personal information is collected and withdraw my consent at any time by visiting the University's Privacy Policy.						
	eclare that I have read; understood and a ou are under the age of 18 at the time of						
Tit	le: Famil	y Name:			Given Name:		
Те	lephone number:	Email:			Relationship to you:		