

COURSE PREFERENCES*

List courses in order of preference in the table below.

Course name	Course Code	Campus	Semester (1 or 2)	Year
Example: Bachelor of Business in Accounting	BBAA	FP	1	2008

City Flinders (CF) City King (CK) City Queen (CQ) Footscray Nicholson (FN) Footscray Park (FP) Melton (MT)
 Newport (NP) St Albans (SA) Sunbury (SN) Sunshine (SS) Werribee (WB) Sydney (SY)

CREDIT TRANSFERAre you applying for credit transfer? YES NO If yes, you will need to download, complete and submit the *Recognition of Prior Learning* form with your application.This is available from: www.vu.edu.au/services/student_administration/commonly_used_forms

Please provide full academic transcripts and a detailed course syllabus, including subject descriptions, details of assessment and the duration of each subject (e.g. one subject duration might be 4 hours per week for 10 weeks).

VISA STATUS*Are you currently in Australia? YES NO If yes, please indicate your visa type (e.g. student, tourist): _____**CURRENT STUDIES***

Please provide details and documentation of all results and qualifications received to date.

Are you currently studying? YES NO If yes, please give details below. If no, proceed to 'PREVIOUS STUDIES'.

Name of qualification or examination: _____

Institution: _____

Country: _____ State: _____ Date commenced: / / Date final results are expected: / /

Will you complete these studies prior to commencing at Victoria University? YES NO **PREVIOUS STUDIES***

Please provide details and documentation of all results and qualifications for both complete and incomplete studies. Please list your most recent qualification first.

Tertiary studies (post secondary)

Name of qualification: _____ Institution: _____

Country: _____ State: _____ Date commenced: / / Date completed: / /

Name of qualification: _____ Institution: _____

Country: _____ State: _____ Date commenced: / / Date completed: / /

Secondary studies (high school)

Name of qualification: _____ Institution: _____

Country: _____ State: _____ Date commenced: / / Date completed: / /

Name of qualification: _____ Institution: _____

Country: _____ State: _____ Date commenced: / / Date completed: / /

EMPLOYMENT HISTORY

Please provide details of your work experience/employment history that may support your application. Please attach certified copies of work reference letters from your employer on company letter head and your resume (if required for course entry). Please list your most recent employer first and attach additional pages if required.

Name of company	Position and duties	Date commenced	Date ended
		/ /	/ /
		/ /	/ /
		/ /	/ /

ENGLISH LANGUAGE PROFICIENCY

Is English your first language? YES NO

Have you undertaken studies in which the language of instruction was English? YES NO If yes, you must provide evidence from the institution.

Have you taken, or will you be taking, an English test? YES NO

If yes, please indicate the name of the test: IELTS TOEFL Other (please specify):

Date of test: / / Test score:

Have you enrolled, or do you intend to enrol, in an English Language Intensive Course for Overseas Students (ELICOS)? YES NO

If yes, at which institution? Start date: / / End date: / / Number of weeks:

SCHOLARSHIP/SPONSORSHIP APPLICANTS

Have you been granted a scholarship or sponsorship? YES NO

If yes, please indicate the scholarship or sponsor provider name:

A statement of financial guarantee or evidence of sponsorship must be submitted with this form.

If sponsored by a government body or private organisation, do you give VU permission to provide information about your academic progress to your sponsor? YES NO

DISABILITIES*

Do you have a disability, for which additional assistance is required? YES NO

If yes, please attach information detailing this disability.

GUARDIAN ARRANGEMENTS*

Are you under 18 years of age? YES NO

If yes, please refer to www.immi.gov.au/study/apply/visa_requirements_general.html for information about arrangements for students under 18 years of age.

If you are under the age of 18 at the time of submitting this application, you must have a parent or guardian sign the declaration on page 4 of this form on your behalf.

DECLARATION*

- I, _____
- (Applicant's full name in BLOCK LETTERS. If the applicant is under 18 years of age, the parent/guardian must complete this section.)
- declare that the information and supporting documentation provided is true and complete.
 - acknowledge that Victoria University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, incomplete or fraudulent information.
 - understand and accept that I must abide by all terms and conditions of my visa.
 - am able to make appropriate arrangements to fund my studies.
 - have read, understood and agree to be bound by the University's refund policy and conditions. This policy is available at www.vu.edu.au/international_apply_now/refund_policy or upon request.
 - am fully responsible for my educational and living expenses while studying at Education Centre of Australia (ECA) or Victoria University.
 - agree to advise ECA or Victoria University within seven days of any subsequent changes to my residential address in Australia.
 - authorise Victoria University to obtain further relevant documentation if necessary.
 - acknowledge that the information I provide to the University may be made available to Commonwealth and State agencies, pursuant to obligations under the *ESOS Act 2000* and the *National Code 2007*.
 - authorise ECA or Victoria University to provide my address and details of enrolment to their approved registered representatives, if I applied through one of their registered representatives.
 - understand that any school-aged dependants accompanying me to Australia will be required to pay full fees if they are enrolled in a school in Australia.
 - understand that any documentation I submit becomes property of Victoria University and will not be returned to me.
 - acknowledge that due to various government regulations related to the privacy of applicants, ECA or Victoria University cannot disclose information to any third party such as parents, friends or relatives without the written consent of the applicant.
 - have read, understood and accept the above conditions.

Signed: _____ Date: / /

Signed (parent or guardian): _____ Date: / /
If you are under the age of 18 at the time of submitting this application, you must have a parent or guardian sign the declaration on your behalf.

CHECKLIST

Please ensure you have completed the following before submitting the application.

- | | |
|--|------------------------------|
| Have you provided proof of your English language proficiency? | YES <input type="checkbox"/> |
| Have you included certified copies of your certificates and academic transcripts? | YES <input type="checkbox"/> |
| Have you included any other necessary documents such as a research proposal if you are applying for a research degree? | YES <input type="checkbox"/> |

SEND YOUR APPLICATION TO:

POSTAL ADDRESS Education Centre of Australia PO Box A98 Sydney NSW 1235 AUSTRALIA	STREET ADDRESS Education Centre of Australia Level 2, 545 Kent Street Sydney NSW 2000 AUSTRALIA	ENQUIRIES Phone: +61 2 9283 3601 Fax: +61 2 9283 3646 Email: info@eca.edu.au www.eca.edu.au
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