Swinburne University of Technology (Sydney) International Student Application Form



SECTION 1: PERSONAL DETAILS

PRINT YOUR NAME AS IT APPEARS IN YOUR PASSPORT, Please use BLOCK CAPITALS, All fields must be completed.

Contact details					
Title: (Mrs, Miss, Ms, Mr, etc)	Gender:	Date of birth:			
Family name:					
Given names:					
Personal email address:					
Have you previously applied or attended Swinburne University of Technology Yes No					
Please enter your Swinburne student ID (if known)					
Permanent Overseas Residential Address	5				
Permanent Overseas Residential Address sho	ould NOT be the same as your	agent			
Number and Street:					
Suburb/City:					
Country:	Post Code:				
Australian Residential Address (if applicable)					
Number and Street:					
Suburb/City:					
Country:	Post Code:				
Citizenship					
Country of Citizenship:	Submission lo	ocation:			
Country of Birth:	Telephone:				
	Mobile:				
Disability					
Do you have a disability, impairment or long-	term medical condition?	Yes No			
Tick one or more of the following:					
Hearing/Deaf Intellectual Mobility Learning Visual Mental Illness Medical Condition					
Providing information about a disability or medical condition will not disadvantage your application. However, the University needs to assess if it can make reasonable adjustments to accommodate your disability or medical condition in order to advise you appropriately. In some cases, the support required may be at a cost to you.					
Do you have a medical or health-related issue that may prevent a student visa being issued? Yes No Please refer to www.immi.gov.au/allforms/health-requirements/meeting-health-req.htm					
If yes, please provide details:					

Visa				
Do you hold a valid Australian visa? Yes No if yes, type	e of visa:			
Visa expiry date:				
Have you arrived in Australia? Yes No Year of arrival	:			
	lo			
Type of Visa: Visa s	sub-class:			
Where are you applying Onshore or Overseas? Onshore	Overseas			
Have you previously been excluded or suspended from Swinburne or any other educational institution Yes No for academic or non-academic reasons?				
SECTION B: COURSE PREFERENCES				
Course Name	Cricos Code	Intake date/year		
Master of Information Technology (Professional Computing)	0617556			
Master of Information Technology	0017425			
Master of Construction and Infrastructure Management	088131F			
SECTION C: ENGLISH LANGUAGE PROFICIENCY				
Have you taken an English Proficiency Test within the last 12 months	s? Yes No			
If yes, please attach a certified copy of your results, or submit it imm				
Name of Test Date of Test Name	of Test	Date of Test		
IELTS	TOEFL iBT			
OTHER	Pearsons Test of			
Are you currently studying? Yes No	English (PTE)	I		
If you are currently studying, attach documentation of all results and	d qualifications received to	date.		
Name of qualification or examination :				
Institution:				
Institution: Country:	State :			
	State : Date commenced:	<u> </u>		
Country: Will you complete these studies prior to commencing at Swinburne? Date final results are expected:	State : Date commenced:			
Country: Will you complete these studies prior to commencing at Swinburne? Date final results are expected: Previous Studies	State : Date commenced: Yes No	(dd/mm/yyyy)		
Country: Will you complete these studies prior to commencing at Swinburne? Date final results are expected: (dd/mm/yyyy)	State : Date commenced: Yes No	(dd/mm/yyyy)		
Country:	State : Date commenced: Yes No plete and incomplete stud	(dd/mm/yyyy)		
Country: Will you complete these studies prior to commencing at Swinburne? Date final results are expected: Previous Studies Provide documentation of all results and qualifications for both comrecent qualification first. Tertiary studies (post-secondary) Name of qualification:	State : Date commenced: Yes No plete and incomplete stud	dd/mm/yyyy) lies. List your most		
Country:	State: Date commenced: Yes No plete and incomplete stud intry / State: e finished:			
Country:	State: Date commenced: Yes No Splete and incomplete stude Intry / State: e finished: (dd/mm/yyy)			
Country:	State: Date commenced: Yes No Splete and incomplete stude Intry / State: e finished: (dd/mm/yyy	(dd/mm/yyyy) lies. List your most		
Country:	State: Date commenced: Yes No Splete and incomplete stude Intry / State: e finished: (dd/mm/yyy			

Secondary studies Name of qualification :
School / Institution: Country / State:
Date commenced: Date finished: (dd/mm/yyyy)
SECTION D: ACCOMMODATION
Do you need Swinburne to arrange your accommodation?
SECTION E: APPLICANT'S DECLARATION
APPLICANT DECLARATION
I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended.
I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
I authorise the University to seek verification of my academic and professional qualifications and work experience.
I understand that the University reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.
I understand that at the time of enrolment I may be required to supply originals of all documents used to support this application or at any given time throughout my enrolment.
I acknowledge that the University reserves the right to alter any course; subject; admission requirement or fee without prior notice.
I understand that the personal information I have provided may be released to government agencies as required by law.
I further understand that it may be disclosed to third parties for the purpose of progressing my application.
I acknowledge that I have read and understand the description of the program/s that I am applying for on Swinburne's website.
I authorise the University to access the Australian immigration Visa Entitlements Verification Online (VEVO) system at any time to obtain information on my visa status.
I declare that I am a genuine temporary entrant and genuine student and that I have read and understood conditions relating to requirements outlined on www.border.gov.au
I am aware of the tuition and living costs of my stay in Australia and have the financial capacity to meet such costs for the duration of my course. I will make timely payments of any fees or associated costs.
I understand that if I have any school-aged children or dependents accompanying me to Australia they must attend school and I will be required to pay a full fee if they are enrolled either in a government or non-government school.
Signature of applicant: Date:

SECTION F: AGENT'S DECLARATION

AGENT DECLARATION

I have assessed the applicant and to the best of my knowledge the applicant is a genuine temporary entrant and genuine student as defined by Australian immigration authorities and I confirm the documents and information provided by the applicant did not disclose any conclusive grounds for rejecting the applicant's declarations that they are a genuine temporary entrant and a genuine student.

To the best of my knowledge the applicant is genuine in making this application and has every intention of completing all programs listed in the application.

The documents which form part of this application appear to be authentic and valid. To the best of my knowledge the applicant has genuine access to the total funds required while in Australia to cover all travel; OSHC; tuition and living costs for themselves and their family members (if applicable).

I recommend the University proceed with the assessment for admission of this applicant.

I confirm the student has signed this application form.

I have provided the student's personal email address and residential address; as disclosed to me by the student.

Signature of agent:	Date:	
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SEND APPLICATION TO:

Swinburne University of Technology (Sydney) Level 6/1 Fitzwilliam Street Parramata NSW 2150 Australia

Telephone: 1300 794 628 www.swinburne.edu.au/sydney

PLEASE, ENSURE YOU HAVE WRITTEN YOUR PERSONAL EMAIL ADDRESS ON PAGE 1 OF THIS FORM.

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