

Your Details

UniSA ID:

(Office use only)

Application for the Graduate Certificate in Space Studies (LCSD) 2O23 CONFIDENTIAL

APPLICATION CLOSING DATES:

Study Period 2 2023: 27 February 2023Study Period 5 2023: 06 August 2023

SECTION 1: PERSONAL DETAILS

Before submitting this application, please ensure that you have enclosed all items under 'Checklist' on page 3.

Title:

Given Name(s):			Family Name:			
Previous Name(Previous Name(s):		Gender:	Date of Bir	th:	
Email Address:						
Mobile Number: Home Number:						
Home Addre	ess					
Address Line 1:						
Address Line 2:						
Suburb / City:			State / Province:			
Postcode / Zip:			Country:			
Mailing Address (please only complete if different from home address)						
Address Line 1:	Address Line 1:					
Address Line 2:	Address Line 2:					
Suburb / City:			State / Province:			
Postcode / Zip:			Country:			
SECTION 2: E	DUCATION DETAILS					
Tertiary studies: List all tertiary or post-secondary courses attempted including any in current year, and attach Official Transcripts						
Name of Institution	Name of Qualification	Language of instruction	Years attended	Completed	Transcript attached	
				□Yes □No	□Yes □No	
				□Yes □No	□Yes □No	
				□Yes □No	□Yes □No	
Have you ever been precluded from further study at UniSA or any other tertiary institution?						



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□Yes □No If Yes, please giv	e details:					
SECTION 3: ENGLISH LANGUAGE	E PROFICIE	NCY				
IELTS Test Report Form or TOEFL Off	icial Score Re _l	port must b	e attached to	application	where applic	able
Is English your first language?		□No				
Have you studied at secondary or tertiary levels with English as the language of instruction?		□Yes □No				
Are you currently enrolled in, or have you previously undertaken English Language Studies? (Please provide details in the space below)						
Date of Course:	Level:	Institution:				
IELTS overall score (academic):		Paper Bas	Paper Based TOEFL Score:			
Computer Based TOEFL Score:		English L	anguage:		Test Date:	
SECTION 4: STATISTICAL INFO	RMATION					
What is your country of nationality?						
Do you speak a language other than	English at yo	ur perman	ent home resi	dence?		
□ No, English only						
☐ Yes (tick box below)						
If you answered yes, please tick a box:						
☐ Cantonese ☐ Mandarin ☐ Vietnamese ☐ Other						
If you answered 'Other', please provide non-English language that is spoken most often:						
Do you have a disability, impairment	, or long-term	n medical c	ondition, whic	h may affec	t your studies	s?
☐ Yes (tick box below)						
□ No						
If yes, please indicate the area(s) of impairment:						
☐ Hearing ☐ Learning ☐ Mobility ☐ Vision ☐ Medical ☐ Other						
If you answered 'Other', please provide further information:						
Which of the following qualifications	vou have act	nieved?				Office Use Only



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POST-GRADUATE program of any type (Higher Doctorate, Ph.D., Master's Preliminary or Qualifying, PG Certificate, etc)	Line 1
(1) □ Never Commenced	
(2) ☐ Commenced but not all requirements completed	
(3) \square Completed all the requirements for the award	
If you answered 2 or 3, please provide: Start Year: End Year:	
BACHELOR'S DEGREE	Line 2
(1) □ Never Commenced	
(2) ☐ Commenced but not all requirements completed	
(3) \square Completed all the requirements for the award	
If you answered 2 or 3, please provide: Start Year: End Year:	
FINAL YEAR OF SECONDARY EDUCATION at a High School, Technical High School, Secondary School or	Line 7
College:	
(1) □ Did not do final year	
(2) □ Did final year	
If you answered 2, please provide the year in which you completed the final year of secondary	
education:	
OTHER QUALIFICATION or certificate of attainment or competence	Line 8
(1) □ Do not have	
(2) Do have	
If you answered 2, please provide:	
The name of the qualification:	
The year you completed the qualification:	

SECTION 5: DECLARATION

- a) I UNDERSTAND that all information provided will be used in the admission process. The data will also become a part of my student record and may be used for all purposes relating to my studies in accordance with the procedures of the University of South Australia.
- b) I DECLARE that the information given to support this application form is accurate and complete. I am aware that the University of South Australia reserve the right to cancel my application at any time if the information given in this application is found to be untrue.
- c) If accepted as a student, I will comply with all conditions, rules and regulations of the University and its representatives.



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Sig	nature:	Date:		
SE	CTION 6	: CHECKLIST		
Th	e applicat	ion package must contain the following items:		
1.	A completed application form (sections 1 - 5 of this form must be filled in)			
2.	Copies of any degrees, graduation diplomas, certificates, or official transcripts			
3.	. Copies of IELTS Test Report Form or TOEFL Official Score Report where applicable			
4.	The completed application package should be returned by email to: SAS-MawsonLakes@unisa.edu.au			
		FONEY		
OI	FFICE US	E UNLY		
Documents received:				
☐ Application Form				
☐ Documentary evidence of any degrees, graduation diplomas, certificates, or official transcripts				
	Docume	entary evidence of IELTS Test Report or TOEFL Official Score Report, where applicable		
DApproved				
Ap	plication	□ Not approved Signature Date		