



University of  
South Australia

IGSB

International Graduate  
School of Business

# APPLICATION FOR ADMISSION

PLEASE  THE PROGRAM FOR WHICH YOU ARE APPLYING

- |  |   |
|--|---|
| <input type="checkbox"/> MASTER OF BUSINESS ADMINISTRATION               | <input type="checkbox"/> ONLINE MASTER OF BUSINESS ADMINISTRATION               |
| <input type="checkbox"/> GRADUATE DIPLOMA IN BUSINESS ADMINISTRATION     | <input type="checkbox"/> ONLINE GRADUATE DIPLOMA IN BUSINESS ADMINISTRATION     |
| <input type="checkbox"/> GRADUATE CERTIFICATE IN BUSINESS ADMINISTRATION | <input type="checkbox"/> ONLINE GRADUATE CERTIFICATE IN BUSINESS ADMINISTRATION |

## 1. PERSONAL DETAILS

.....  
FAMILY NAME

.....  
GIVEN NAME(S)

.....  
TITLE (eg DR / MR / MRS / MS / MISS)

.....  
PREFERRED NAME

.....  
PERMANENT HOME ADDRESS

.....

.....  
TELEPHONE (country code, area code, number - if applicable)

.....  
FACSIMILE (country code, area code, number - if applicable)

.....  
EMAIL ADDRESS

.....  
DATE OF BIRTH

.....  
NATIONALITY

.....  
ARE YOU AN AUSTRALIAN PERMANENT RESIDENT?    YES     NO

## 2. CURRENT OR MOST RECENT EMPLOYMENT

.....  
POSITION

.....  
LENGTH OF TIME IN POSITION

.....  
EMPLOYER

.....  
EMPLOYER'S ADDRESS

.....

.....  
TELEPHONE (country code, area code, number - if applicable)

.....  
FACSIMILE (country code, area code, number - if applicable)

## 3. COMMENCEMENT DATE

Study Period 1 – January

Study Period 3 – April

Study Period 4 – July

Study Period 6 – September



**6. EMPLOYMENT HISTORY**

Please indicate below, in reverse chronological order, your employment experience. Include all details of your work experience which would be relevant, Please attach your detailed curriculum vitae.

DATE FROM – TO	EMPLOYER'S NAME	JOB TITLE OR POSITION	PART-TIME OR FULL-TIME

**7. OTHER INFORMATION RELEVANT TO YOUR APPLICATION**

(if space is insufficient, please attach separate pages)

(a) Outline your particular reasons for wishing to undertake this program.

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(b) List any particular skills / experience / interests which you consider relevant to your application (e.g., offices held and / or participation in community, voluntary and professional organisations).

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**HOW DID YOU HEAR ABOUT THE MBA? (Tick more than one box if applicable)**

Employer       Colleague / Friend       Exhibition       Brochure       Email

Information Session       Referral from MBA Alumni       Referral from Existing Student       Internet Advertising       Internet Search

Media advertisement – Where? .....

Other (please specify) .....

.....

**8. REFEREES**

Please give the name and contact details of two referees relevant to this application. At least one referee should be work related

**REFEREE 1**

**REFEREE 2**

NAME .....

NAME .....

POSITION .....

POSITION .....

ADDRESS .....

ADDRESS .....

TELEPHONE .....

FACSIMILE .....

TELEPHONE .....

FACSIMILE .....

EMAIL ADDRESS .....

EMAIL ADDRESS .....

Please give a copy of the Referee's Report to each Referee. Ask the Referee to post or fax the completed report directly to the International Graduate School of Business.

**9. APPLICATION FEE**

An application fee of AUD 50 is required for this Program. Please send a cheque or postal order in AUD made payable to "University of South Australia" or Credit Card details.

Please find enclosed a  cheque or  postal order for the amount of AUD 50 (payable to UniSA) or  Visa  Mastercard  Bankcard

Name of Cardholder .....

Card Number

Expiry Date..... Signature ..... Receipt No. ....  
(Office use only)

**- Section 10 is to be completed by any applicant whose previous tertiary studies were in a language other than English -**

**10. ENGLISH PROFICIENCY**

Please indicate below your current English proficiency and attach a certified copy of your most recent test result.

First language is English

TOEFL score ..... Writing/structure sub score..... Date obtained .....

IELTS overall band score ..... Writing sub score..... Date obtained .....

**11. DECLARATION**

I declare that the information supplied in this application is true and complete in every particular and I authorise the IGSB, University of South Australia to make such enquiries about the details associated with this application as it thinks desirable.

DATE ..... SIGNATURE .....

**THE COMPLETED APPLICATION FORM CAN BE RETURNED BY FAX OR EMAIL:**

Fax: +61 8 8302 0709 Email: unisamba@unisa.edu.au

**OR POSTED TO:**

University of South Australia, International Graduate School of Business, GPO Box 2471, Adelaide SA 5001 AUSTRALIA