

International application form

Undergraduate

Postgraduate

1. Personal details

Mr Mrs Miss Ms Dr

Female Male

Given Names _____ What is your preferred first name? _____

Family Name _____

Do you want your Family name to appear first on all official UniSA documents e.g. Transcripts/Parchments? Yes No

Date of Birth _____ / _____ / _____ (day/month/year; example: 16/January/1980)

Citizenship/Nationality _____ Country of birth _____

Do you have Australian permanent residency status? Yes No

Do you currently hold a temporary Australian Visa? Yes No

Visa No _____ Visa date from _____ Visa date to _____

Have you studied at UniSA before? Yes No

If yes, provide Student ID _____

Do you have a disability or long-term illness? Yes No

If yes, please provide details _____

Do you require disability support services? Yes No

2. Address details

Permanent address in home country (Note: do not use PO box numbers)

No. and Street _____

Suburb/City _____

State/Country _____ Zip/Postcode _____ Mobile _____

Telephone _____ Fax _____ Email _____

My mailing address is different from my home address I am currently living in Australia

No. and Street _____

Suburb/City _____

State/Country _____ Zip/Postcode _____ Mobile _____

Telephone _____ Fax _____ Email _____

Please advise UniSA International if you change your address during the year.

3. English language proficiency (All students must complete this section)

Is English your first language? Yes No If no, what is your first language? _____

Have you studied at secondary or tertiary levels with English as the language of instruction? (for example, Foundation Studies, etc) Yes No

If you are enrolled or are planning to enrol in English Language studies, give details below:

Date of course commencement (day/month/year) _____ / _____ / _____ Level _____ Institution _____

IELTS overall score (academic) TOEFL overall score Other English language test Test date

Subscores: Listening Reading Writing Speaking

4. Program preferences (Please list your program preferences in order of priority)

Program Name	Program Code	Specialisation (if applicable)
1. *	()	()
2.	()	()
3.	()	()

*Your first preference will be processed first. Second and third preferences will be processed only if your first choice is unsuccessful.

Commencement of program _____ Year _____

Study Period 1 (Jan) Study Period 2 (Feb) Study Period 3 (Apr) Study Period 4 (Jun)

Study Period 5 (Jul) Study Period 6 (Sep) Study Period 7 (Oct)

Study in South Australia External Study in home country For External students only: Full-time Part-time

5. Financial support

Please indicate your source of financial support and for invoice purposes please attach information of person or organisation paying fees.

- I am fully sponsored by my home government (attach documentation) I am a private student supported by myself/my family
- I am fully sponsored by my employer (attach documentation) I am fully sponsored by an Australian Government Scholarship
- I will apply for financial aid from my government, my employer or the Australian Government Name of Sponsor _____

6. Academic records

Please provide all appropriate academic documentation in original or certified/notarised form in both English and original languages.

7. Secondary studies

Name of school _____ Name of school certificate _____
Language of instruction _____ Years From Mth _____ / Yr _____ To Mth _____ / Yr _____ Completed? Yes No*

8. Tertiary/Higher Education studies

Name of institution _____ Name of award/qualification _____
Language of instruction _____ Years From Mth _____ / Yr _____ To Mth _____ / Yr _____ Completed? Yes No*

Name of institution _____ Name of award/qualification _____
Language of instruction _____ Years From Mth _____ / Yr _____ To Mth _____ / Yr _____ Completed? Yes No*

Name of institution _____ Name of award/qualification _____
Language of instruction _____ Years From Mth _____ / Yr _____ To Mth _____ / Yr _____ Completed? Yes No*

*If no, are you intending to complete studies prior to commencing at UniSA? Yes No

9. Credit/Advanced Standing

Do you wish to have your already completed tertiary level studies to be considered for credit/advanced standing?* Yes No

***If yes you must attach detailed syllabuses (curricula) of courses you have completed. An application for credit/advanced standing cannot be assessed without this information.**

10. Professional employment/experience

Present position _____ Employers _____
Date of service From _____ To _____ Full-time Part-time

Previous position (if any) _____ Employers _____
Date of service From _____ To _____ Full-time Part-time

11. Checklist (Please note your application cannot be considered unless the relevant documents are attached)

- Have you completed all relevant sections of this application?
- Have you attached or forwarded your original IELTS/TOEFL results?
- Have you indicated your program preference?
- Have you attached your financial information?
- Have you attached certified/notarised copies of your qualifications and academic transcripts?
- If you answered yes to question 9, have you attached detailed syllabuses?
- If you completed question 10, have you attached your professional resume/CV?
- Have you signed the declaration?

12. Declaration

I declare that, to the best of my knowledge, the information provided by me is true and complete in every particular. I acknowledge that the University of South Australia may vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me. I understand that I am seeking temporary entry into Australia for educational purposes only. I authorise the University of South Australia to make enquiries about the details associated with this application. I understand the above conditions and am prepared to accept them in full. In particular, I understand that I, or my sponsor, will be responsible for the full costs of the program for which I am seeking admission, as well as the attendant travel and living costs. I also understand that the University of South Australia will not provide a subsidy to me for any costs incurred in the use of campus child care facilities for my dependants, and that I must pay full fees for any school-aged dependants enrolled in government or non-government schools.

Signature _____ Date _____ / _____ / _____

Representatives/agent stamp

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