



University of
South Australia

Strategic
Partnerships

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

.....
NAME

.....
POSITION

.....
ADDRESS
.....

.....
TELEPHONE

.....
FACSIMILE

.....
EMAIL ADDRESS

REFEREE 2

.....
NAME

.....
POSITION

.....
ADDRESS
.....

.....
TELEPHONE

.....
FACSIMILE

.....
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 Strategic Partnerships.

9. DECLARATION

I declare that the information supplied in this application is true and complete in every particular and I authorise Strategic Partnerships, 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: (08) 8302 0805 Email: sandra.walker@unisa.edu.au

OR POSTED TO:

University of South Australia, Strategic Partnerships, GPO Box 2471, Adelaide SA 5001