



application

I am submitting this application form:
 Directly Via an agent _____
(Name of agent)



Swinburne University of Technology

International student

English Language Courses

application form

If you are a permanent resident, or citizen of Australia or New Zealand you cannot apply using this form.

SECTION A: PERSONAL DETAILS

If previously enrolled at Swinburne University of Technology, please state ID number _____
(Swinburne ID number)

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

Title: _____ (Mrs, Miss, Ms, Mr etc) Gender: Female Male

Family name: _____
(As indicated in passport)

Given names: _____
(Leave spaces between names)

Date of birth: / / Email address: _____

Postal address: _____
Number/street

Suburb/city

Country _____ Postcode

Residential address: _____
(Residential address should not be the same as your agent)
Number/street

Suburb/city

Country _____ Postcode

Country of citizenship: _____ Submission location: _____
(What country were you in when you submitted this application?)

Country of birth: _____ Telephone: _____

Fax: _____ Mobile: _____

Do you have disability? Yes No If yes, please provide details: _____
Note: This is for support purposes only and will not affect the outcome of your application.

Have you been granted a scholarship? Yes No Scholarship name: _____
eg. AusAID, Government or any other kind of scholarship

Do you wish to be considered for a Deputy Vice-Chancellor English Language Scholarship? Yes No
Note: You must commence your course between May-December to be eligible. Please refer to www.international.swinburne.edu.au/apply/scholarships/elicos for more information.

Do you hold a valid Australian visa? Yes No If yes, type of visa: _____
 Visa expiry date: / /
Day Month Year

Have you arrived in Australia? Yes No Year of arrival:
Y Y Y Y

Do you intend to bring your family to stay with you while you study? Yes No

SECTION B: COURSE PREFERENCES

Please indicate the English Language Course/s you wish to apply for:

5 weeks 10 weeks 20 weeks 25 weeks 30 weeks 40 weeks

Intensive English (5 weeks) Approximate start date: _____

Have you taken an English Proficiency Test within the last 12 months? Yes No

If yes, please attach a certified copy of your results, or submit it immediately when available.

Name of Test	Date of Test	Name of Test	Date of Test
IELTS	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>	TOEFL <small>(Please tick)</small>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>
OTHER _____ <small>(Name of test)</small>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>	<input type="checkbox"/> paper-based <input type="checkbox"/> computer-based <input type="checkbox"/> iBT internet-based	

SECTION C: APPLICANT'S DECLARATION

- I declare that the information submitted with this application is true and complete.
- 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 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 will be required to supply originals of all documents used to support this application.
- 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 understand that Swinburne collects, uses and destroys my information in accordance with the University's Privacy Policy. For information, see www.swinburne.edu.au/privacy

Signature of applicant: _____ Date: / /
Day Month Year

SEND APPLICATION TO:

GOstralia!-GOzealand!
Jägerstraße 53
70174 Stuttgart
Germany

GOstralia!-GOzealand!
Alstertor 1
20095 Hamburg
Germany

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

For further information, including course descriptions, duration, teaching methods, fees payable and entry requirements relating to this course go to: www.international.swinburne.edu/courses

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