

International Student Application Form



SECTION A: PERSONAL DETAILS

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

Contact details

Title: _____ (Mrs, Miss, Ms, Mr, etc) Gender: _____ Date of birth: _____

Family name: _____

Given names: _____

Personal email address: _____ Phone Number: _____

Have you previously applied or attended Swinburne University of Technology Yes No

Please enter your Swinburne student ID (if known) _____

Permanent Home Address

Specify commune, ward, district, province city

Province: _____

City: _____ Country: _____

Postal Address

Province: _____

City: _____ Country: _____

Citizenship

Country of Citizenship: _____

Country of Birth: _____

ID Card/ Passport Number: _____

Date of issue: _____

Disability

Do you have a disability, impairment or long-term medical condition? Yes No

Tick one or more of the following:

Hearing/Deaf Intellectual Mobility Learning Visual Mental Illness Medical Condition

Providing information about a disability or medical condition will not disadvantage your application. However, the University needs to assess if it can make reasonable adjustments to accommodate your disability or medical condition in order to advise you appropriately. In some cases, the support required may be at a cost to you.

SECTION B: COURSE PREFERENCES

Choose your Major

Bachelor of Information and Communication Technology Major

Software Technology Data Analytics
Systems Management

Bachelor of Business Major

International Business Business Administration
Marketing

Bachelor of Media and Communication

Social Media Digital Advertising Public Relations

SECTION C: ENGLISH LANGUAGE PROFICIENCY

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 _____	_____ _____ _____ _____	TOEFL iBT _____	_____ _____ _____ _____
OTHER _____	_____ _____ _____ _____	Pearsons Test of _____	_____ _____ _____ _____
		English (PTE)	

Are you currently studying? Yes No

If you are currently studying, attach documentation of all results and qualifications received to date.

Name of qualification or examination: _____

Institution: _____ Province/State: _____

Country: _____ Date commenced: _____
(dd/mm/yyyy)

Will you complete these studies prior to commencing at Swinburne? Yes No

Date final results are expected: _____
(dd/mm/yyyy)

Previous Studies

Provide documentation of all results and qualifications for both complete and incomplete studies. List your most recent qualification first.

Tertiary studies (post-secondary)

Name of qualification: _____

School / Institution: _____ Country, Province/State: _____

Date commenced: _____ Date finished: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Name of qualification: _____

School / Institution: _____ Country, Province/State: _____

Date commenced: _____ Date finished: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Secondary studies

Name of qualification: _____

School / Institution: _____ Country, Province/State: _____

Date commenced: _____

Date finished: _____

(dd/mm/yyyy)

(dd/mm/yyyy)

SECTION E: APPLICANT'S DECLARATION

APPLICANT DECLARATION

I declare that the information submitted with this application is true and complete. I further declare that any tertiary academic results submitted are a complete record of all results I have obtained from every tertiary institution I have attended.

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 authorise the University to seek verification of my academic and professional qualifications and work experience.

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 may be required to supply originals of all documents used to support this application or at any given time throughout my enrolment.

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 acknowledge that I have read and understand the description of the program/s that I am applying for on Swinburne's website.

Signature of applicant: _____

Date: _____