

International student Foundation, Degree Transfer, TAFE, Undergraduate and Postgraduate Coursework Application form

Representative/agent stamp

(if applicable)



If you are a permanent resident of Australia, or a citizen of Australia or New Zealand, you cannot apply using this form. Please visit www.future.swinburne.edu.au/apply for more information. New Zealand permanent residents should use this application form.

Read this application carefully, complete all sections and ensure that supporting (certified) documents are attached. Please write in BLOCK LETTERS using a blue or black pen.

1. PERSONAL DETAILS

If previously enrolled at Swinburne University of Technology, please state your Swinburne ID number:

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

Title (Mrs, Miss, Ms, Mr etc): Gender: Female Male Unspecified Date of birth:

Family name:
(as indicated in passport)

Given names:
(leave spaces between names)

Email address:
(for applicant)

APPLICANTS **MUST** PROVIDE THEIR PERSONAL EMAIL ADDRESS.
ALL INFORMATION REGARDING THE PROGRESS OF THE APPLICATION WILL BE EMAILED DIRECTLY TO THE APPLICANT.

Australian residential address (if applicable):

Number/street

Suburb/city

Country

Postcode

Overseas residential address (compulsory):

Number/street

Suburb/city

Country

Postcode

Telephone:

Mobile:

Country of citizenship:

Submission location:

(What country were you in when you submitted this application?)

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

Country of birth:

Do you hold a valid Australian visa? Yes No

If yes, type of visa:

Visa expiry date:

Visa sub-class:

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.

Do you have a medical or health-related issue that may prevent a student visa being issued? Yes No

Please refer to www.border.gov.au/Trav/Visa/Heal/meeting-the-health-requirement

If yes, please provide details:

2. EDUCATION DETAILS

A certified copy of original transcripts of all official results must accompany this application. Please include grading system to enable interpretation of academic results. List any studies you have attempted, whether complete or incomplete. If you would like Swinburne to consider your employment history in support of your application, please attach your curriculum vitae (résumé). Include English translations if transcript/s are not in English.

Secondary school studies

MONTH/YEAR COMMENCED	MONTH/YEAR COMPLETION	TITLE OF COURSE	NAME AND COUNTRY OF SCHOOL
(e.g. January 2011)	(expected or actual)	(e.g. A Levels)	

Tertiary or post-secondary studies

MONTH/YEAR COMMENCED	MONTH/YEAR COMPLETION	TITLE OF COURSE	NAME AND COUNTRY OF INSTITUTION	FULL/PART-TIME
(e.g. January 2011)	(expected or actual)	(e.g. Bachelor of Business)		
1				
2				
3				

3. ENGLISH LANGUAGE PROFICIENCY

Have you taken an English proficiency test within the last 12 months? Yes No Date of test:

If yes, please attach a certified copy of your results, or submit a certified copy as soon as possible.

Test type: Result:
(e.g. IELTS) (if known)

4. EMPLOYMENT HISTORY

Provide details of your employment history in the table below (list up to four positions).

EMPLOYER	POSITION	START DATE	END DATE	FULL-TIME OR PART-TIME
(e.g. Dept of Foreign Affairs AND Trade)	(e.g. Senior Administrator)	(e.g. 03/1990)	(e.g. 11/2008)	

5. COURSE PREFERENCES

ELICOS

Do you intend to undertake English language studies (ELICOS) at Swinburne? Yes No If yes, approximate start date:

Number of ELICOS weeks: 5 10 15 20 25 30 40 50 Other:

FOUNDATION YEAR	DEGREE TRANSFER	INTAKE	YEAR	BRIDGING PROGRAM	INTAKE	YEAR
Please tick	Please tick	Please tick	e.g. 2016	Please tick	Please tick	e.g. 2016
<input type="checkbox"/> Business	<input type="checkbox"/> Diploma of Arts and Communication (UniLink)	<input type="checkbox"/> February		<input type="checkbox"/> MQP – Business (Master Qualifying Program – Business)	<input type="checkbox"/> February	
<input type="checkbox"/> Design	<input type="checkbox"/> Diploma of Business (UniLink)	<input type="checkbox"/> June			<input type="checkbox"/> August	
<input type="checkbox"/> Science/Engineering	<input type="checkbox"/> Diploma of Design (UniLink)	<input type="checkbox"/> October				
<input type="checkbox"/> Arts/Social Sciences	<input type="checkbox"/> Diploma of Information Technology (UniLink)					
	<input type="checkbox"/> Diploma of Engineering (UniLink)					
	<input type="checkbox"/> Diploma of Health Science (UniLink)					

Please enter the correct course name as per Course Search: www.swinburne.edu.au/international-courses/

If you apply for an undergraduate course, you must indicate your intended major.

TAFE, UNDERGRADUATE OR POSTGRADUATE COURSES	MAJOR	CAMPUS	INTAKE	YEAR
e.g. Bachelor of Business	e.g. Marketing	e.g. Hawthorn	e.g. February	e.g. 2016
1				
2				
3				

COURSE PREFERENCES (CONTINUED)

Please note that due to Swinburne's obligations under Australian migration, trade and sanction laws, even if you meet Swinburne's academic entry and selection criteria, it is possible that Swinburne may not be able to offer you a place due to additional non-academic criteria required to meet Swinburne's legal requirements, which are applied at Swinburne's sole discretion. For further information please see:

- (1) Migration Act 1958 (Cwth)
- (2) Migration Regulations 1994 (Cwth)
- (3) Autonomous Sanctions Act 2011 (Cwth)
- (4) Autonomous Sanctions Regulation 2011 (Cwth)

Refer to www.border.gov.au

Refer to www.dfat.gov.au/

Are you applying for Credit Transfer or Recognition of Prior Learning (RPL)? Yes No If yes, you must attach a detailed course or unit (subject) syllabus.

Have you previously been excluded or suspended from Swinburne or any other educational institution for academic or non-academic reasons? Yes No

If yes, institution and reason:

Have you been granted a scholarship? Yes No Scholarship name:

e.g. Australian Award, government or any other kind of scholarship

6. LIVING COSTS

Please visit the following website for a guide to living costs: www.international.swinburne.edu.au/plan-your-arrival/living-in-melbourne/living-expenses

Please visit the following website for a guide to tuition fees: www.international.swinburne.edu.au/study-at-swinburne/tuition-fees

Do you understand the costs associated with studying in Australia? Yes No

(including the cost of tuition, living expenses, overseas student health cover and return airfares etc.)

How do you intend to fund your study and living costs? Choose more than one if applicable.

Self-funded Sponsored by family/government/institution/employer Bank loan Other (e.g. employer)

7. PERSONAL DETAILS (CONTINUED)

Have you visited or studied in Australia previously? Yes No Have you breached any visa conditions? Yes No

Have you/your spouse/your dependent ever been refused a visa for entry into Australia? Yes No If yes, please provide reason:

Have you/your spouse/your dependent ever had a visa application rejected? Yes No

If yes, when, which country and for what reason? Please provide a copy of the rejection letter or details below:

Have you/your spouse/your dependent been convicted of any criminal activity? Yes No If yes, please provide relevant details:

Please provide details of family immigration history.

Are you married? Yes No Date of marriage: Please provide a certified copy of your marriage certificate.

Is your spouse already in Australia? Yes No

What visa does your spouse hold?

What is the expiry date of your spouse's visa?

Please provide details on all dependents who will be included in your student visa application, including their date of birth.

Name: Date of birth:

Name: Date of birth:

Name: Date of birth:

Name: Date of birth:

If you have more than four dependents, please attach a separate sheet with any remaining dependents details.

8. CHECKLIST

Please make sure the following are attached (if applicable):

- Certified academic transcripts with grading system
- English translations where applicable
- Certified English proficiency test results
- Portfolio for some design programs
- Course or unit syllabus, if you are applying for exemptions (credit transfer or RPL)
- Copy of passport (photo page and relevant visa page if applicable)
- Certified copy of your marriage certificate if applicable

9. DECLARATION

Applicant's declaration

1. 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.
2. I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
3. 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.
4. I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
5. I acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without prior notice.
6. 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.
7. I acknowledge that I have read and understand the description of the program/s that I am applying for on Swinburne's website.
8. I authorise the University to access the Australian immigration Visa Entitlements Verification Online (VEVO) system at any time to obtain information on my visa status.
9. I declare that I am a genuine temporary entrant and genuine student and that I have read and understood conditions relating to requirements outlined on www.border.gov.au
10. I am aware of the tuition and living costs of my stay in Australia and have the financial capacity to meet such costs for the duration of my course. I will make timely payments of any fees or associated costs.
11. I understand that if I have any school-aged children or dependents accompanying me to Australia, they must attend school and I will be required to pay a full fee if they are enrolled either in a government or non-government school.
12. I declare that my signature is true and correct and matches the signature in my passport.

Declaration by applicant

I (insert full name) ,

understand all of the requirements for the course and visa application and confirm that all of the information provided is true.

Signature of applicant: (as in passport signature page): _____ Date:

10. DECLARATION (CONTINUED)

Agent's declaration (if applicable)

1. I have assessed the applicant and to the best of my knowledge the applicant is a genuine temporary entrant and genuine student as defined by Australian immigration authorities and I confirm the documents and information provided by the applicant did not disclose any conclusive grounds for rejecting the applicant's declarations that they are a genuine temporary entrant and a genuine student.
2. To the best of my knowledge, the applicant is genuine in making this application and has every intention of completing all programs listed in the application.
3. The documents which form part of this application appear to be authentic and valid. To the best of my knowledge the applicant has genuine access to the total funds required, while in Australia, to cover all travel, OSHC, tuition and living costs for themselves and their family members (if applicable).
4. I recommend the University proceed with the assessment for admission of this applicant.
5. I confirm the student has signed this application form.
6. I have provided the student's personal email address and residential address, as disclosed to me by the student.

Agency name:

Agency branch office:

Agent staff member name:

Signature of Agent: _____ Date:

SENDING YOUR APPLICATION

Please send your application to:

Swinburne University of Technology
Swinburne International
PO Box 218
Hawthorn VIC 3122
Australia

Telephone: +61 3 8676 7002

Facsimile: +61 3 9818 3648

Email: international@swinburne.edu.au