

International application for admission

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate.

Note: Applications should be lodged four to six months prior to intake. However late applications may be given special consideration. If you are currently studying in Australia you should lodge your application at least four weeks prior to the intake.

Local represe	entative information								
Agent name			Agent URN						
Student deta	ile								
Student details			Other pames						
Title	Family name Title Date of birth (dd/mm/yyyy)		Other names Age Gender: Male Female (please tick)			on tick)			
Country of birth	Date of billin (danimin yyyy)		Age	Gerider. Ividie 🗀 T	pridic (preas	io licky			
,	r Permanent Resident of Australia?	Voc No (ologo tiple)	Nationality						
	The interior resident of Adstralia:	163 140 (please tick)							
City	Home address State/Drovings								
		State/Province Postcode							
Country Home telephone number (including country code)			Mobile telephone nu	mher (including country	codol				
Email	arriber (including country code)		Mobile telephorie ha	Thiber (including country	COUE)				
LITIAII									
Visa details									
	ent Australian Visa? Yes 🗌 No 🗌	(please tick) If Yes, please pro	vide a copy of your current visa.		Year of arrival				
Are you applying for a Student Visa? Yes No (please tick) If No, please provide further information.									
Visa type			Visa subclass		Visa expiry date				
Passport det	ails								
Passport number			Passport expiry date	(dd/mm/yyyy)					
Please provide a cop	y of your current passport								
	lage ents must demonstrate an accepta glish language proficiency by submi				ntres academi	c program. Please provide			
Academic ILETS (Score) Overall	Listening	Reading	Writing		Speaking			
Other (please supply)		JI <u>-</u>		JL -					
If you do not have t	test results, please indicate when yo	ou sat, or intend to sit the tes	st						
	Government may require proof of English				ets those requi	rements.			
10 IIIIa out go to borde	er.gov.au. For all other tests accepted b	by Admissions Office, please reli	er to csustadycentres.ed	u.au					
Previous edu	cation								
If you have previous	sly been enrolled at Charles Sturt U	niversity, please provide your	student number						
Secondary Educa	tion								
School			Country						
Highest level completed					Year comple	ear completed			
Tertiary Studies									
Course			Institution						
Country					Year completed				
-									
Course			Institution		Voor completed				
Country Duration Year completed Please attach verified copies of all academic transcripts or reports (translated into English)					eteu				
riease allacri veriiled (copies or air academic transcripts of rep	oons (transiated into English)							
If you have a set of	completed your course, please indi		alife a face a construction of						

Course selecti	on						
Location							
CSU Campuses	rent International Fees L Albury/Wadonga	ust at csu.edu.au/ir Bathurst □	Canberra	-and-costs/inter Orange □	national-student-fe Parramatta	es to determine the loca Port Macquarie	Wagga Wagga
CSU Study Centres	Brisbane* □	Melbourne □	Sydney 🗌			<u>·</u>	
	accounting (12 subjects) ar	nd Master of Informati		⊥ subjects) courses or	nly.		
First preference							
Name of course							
Year	Int	ake (month)		Specialisation			
Second preference				JIL.			
Name of course							
Year	Int	ake (month)		Specialisation			
Further study							
Do you intend to stud	dy a further course at Ch	narles Sturt Universi	ty? Yes ☐ No ☐	(please tick) If Yes,	, please name course	e below.	
Course name							
OSHC details	(if applicable)						
Do you currently hold	an OSHC policy? Yes	☐ No ☐ (please tick)	If Yes, please pr	rovide details belo	W.		
Name of OSHC provi	der						
OSHC membership r	number			OSHC expiry d	ate (dd/mm/yyyy)		
For your convenience,	OSHC will be included a	utomatically on your	invoice unless you	ur provide us with	details of your alterna	ative policy.	
Please select type of	cover you wish to recei	ve: Single 🗌 Du	al Family 🗌 🛮 Mu	ulti Family 🗌 (pleas	se tick)		
	oyment experie		-				
	n statement and eviden	ce of your employm	ent history includir	ng: 1. Date of emp	ployment (from – to)	2. Job title	3. Main duties
Type of employment?	Full-time Part-tin	ne [(please tick)					
Exemptions/C	redit						
Do you wish to apply	for exemption/credit ba	sed on previous rele	vant studies? Yes	No (please	tick) If Yes, please rea	ad below.	
official handbook/calenda		or other appropriate e	evidence. For incom	plete qualification w	ve need the course stru	tion of all subjects complet acture (including number of	
Dischility							
Disability	the classes a large and the classes the	area na adia al a araditi	na vylajala vasavy affav	at at alia a O N	∕oo □ No □ / /		
	ity, impairment or long-to				1		Discorda a L
ir yes piease indicate ti	ne area/s of impairment	,	·	earing/Deaf	Intellectual Intellectual Intel	Learning	Physical
16 1 19 199		Medical condition		ental illness	Mobility	Vision	(please tick)
If you have a disability	/, would you like to rece	eive advice on suppo	ort services, equip	ment and facilities	s which may assist yo	ou? Yes 🗌 No 🗌 (please	e tick)
_	d signature (Thi	s application m	ust be signed;	otherwise it v	will not be accep	ted)	
☐ By ticking this box I	_	(-) []		ala alama di e e e e	hart of much	d	later data associated to
the documentation support exclusion from Charles Significant corroborating evidence with my student visa. I also units my course enrolment and	orting it is correct and com turt University (CSU). I auth rith respect to my applicati derstand that CSU is requ	plete. I acknowledge t norise CSU, where nec on. I also declare that I ired under Section 19 t visa condition relating	hat the provision of essary, to obtain fro have provided certi of the ESOS Act 20 to satisfactory acad	false or misleading i m any other educat ffied copies in Englis 00, to inform the De demic performance.	nformation may result in ional institution evidence in of the documents rece partment of Immigration	the information supplied with non-acceptance of this age of my academic record o quired for admission and win and Border Protection (Dunder the provisions of the	oplication or immediate r seek other Il meet the conditions of IBP) about changes to
Name (Student or Parent	/Legal Guardian*)					Date (dd/mm/yyyy)	

Send your CSU (Albury-Wodonga, Bathurst, Canberra, Orange, Parramatta, Port Macquarie, Wagga Wagga) applications to:

CSU Admissions, Charles Sturt University, Locked Bag 676, Wagga Wagga NSW 2678, Australia

T: +61 2 6933 4334 E: admissions@csu.edu.au

csu.edu.au

Send your CSU Study Centres (Brisbane, Melbourne and Sydney) applications via email to:

csuadmissions@studygroup.com

csustudycentres.edu.au/how-to-apply

For information about Terms and Conditions, please visit our website at:

csustudycentres.edu.au/contact-us/terms-and-conditions

Provider: Charles Sturt University. CRICOS Provider Code: 00005F. Provider: Study Group Australia Pty Limited. CRICOS Provider Code: 01682E.