

For office use only	
Date Received	

## OFFSHORE INTERNATIONAL STUDENT APPLICATION FORM

CRICOS No. 00114A

 $Flinders\ University\ policy\ relating\ to\ international\ students\ can\ be\ found\ at:\ http://www.flinders.edu.au/ppmanual/student/SecG.html$ 

SECTION A: Personal Deta	<b>ils</b> (Please	type in CAPITA	AL LETTERS)			
Surname (or family name):						
Given Names:						
Title		Mr	Mrs	Miss	Ms	Other
Date of Birth						
Citizenship						
Country of Birth						
Name as it appears on Passport (in English or PRCID)						
Applicant's address in home cour	ntry:					
	Country:					
	Postcode:					
Phone Number:						
Fax Number						
Mobile phone:						
Personal email:						
SECTION B: Course Details						
Course Title:						
Location:						
Starting Date:						
SECTION C: Educational Q Secondary and/or Tertiary courses Please provide details of all secondary, u if necessary)			dary courses you hav	e completed or cor	nmenced. (Attach	additional sheets
	Name	f Institution	Language of	Start Year	Finish Year	Completed?
Course title (Eg. Year 12, Bachelor of Arts)	Name		Instruction			Yes/No
	Namec		Instruction			Yes/No
	Name		Instruction			Yes/No
	Name C		Instruction			Yes/No
	Name C		Instruction			Yes/No

## SECTION D: Employment History Please only list the work history that is relevant to the degree(s) for which you have applied, attach additional sheets if necessary. Applications for courses that ask for relevant work experience as part of entry requirements will need to be supported by letters from your past employer(s) outlining your duties and verifying your period of employment. Attach your curriculum vitae. Occupation Position **Employer** Start Year Finish Year Full-time / Part-time **SECTION E: English Language Qualifications** Please select the relevant boxes below. Official copies of test results are required. My first language is English or TOFEL Score Year completed IELTS Score Year completed CET 4 Score Year completed CET 6 Score Year completed Other (please specify) Score Year completed **SECTION F: Disability** Please select the relevant boxes below. Official copies of test results are required. Do you have a disability which requires special consideration? Yes No Refer to the university's disability action plan at www.flinders.edu.au/ppmanual/EqualOpportunity/disability.html **SECTION G: Checklist** Have you included: (tick boxes where applicable) Application fee Academic transcripts (original or certified true copy) Translation of academic qualifications (original or certified true copy) Documentation of employment history English language test results (original or certified true copy) Your signature and date of application **SECTION H: Declaration** I certify that to the best of my knowledge all documentation and information submitted or made available by me to the University, whether in relation to any course of study or otherwise, is true, accurate and complete. I agree to abide by Flinders University's Statutes, By-Laws and Policies and Procedures. I consent to: the collection, storage, and disclosure of information relating to record falsification and other irregular acts in accordance with Universities Australia procedures; the provision of enrolment-related information to State and Australia Government departments and agencies as provided for under relevant legislation; the exchange of enrolment-related information between the University and another tertiary institution where required to. I acknowledge that: • I can review the 'Student Related Policies and Procedures Manual' on the University's website; · work presented for assessment is my own work; will seek program advice if I am unsure how to choose such topics; The University may communicate with me via mail, telephone, email and Flinders Learning Online (FLO). I agree to check my student email and FLO regularly.

Date

Signature of Applicant