



Representative/agent stamp

(if applicable)

# Swinburne University of Technology

## International student Postgraduate coursework 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: \_\_\_\_\_ Do you hold a valid Australian visa?  Yes  No

If yes, type of visa: \_\_\_\_\_ Visa expiry date:   /   /    
Day Month Year

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

**SECTION B: COURSE PREFERENCES**

Course preference	Campus	Intake	Year
<small>eg. Master of Business Administration</small>	<small>Hawthorn</small>	<small>February</small>	<small>2007</small>
1			
2			
3			

application

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

Test type: \_\_\_\_\_ Result: \_\_\_\_\_  
(eg. IELTS) (if known)

If yes, please submit a certified copy of your results as soon as available.

Do you intend to undertake English language studies (ELICOS) at Swinburne?  Yes  No (see page 15 for details)

If yes, approximate start date: / /   
Day Month Year

Number of ELICOS weeks:  5  10  15  20  25  30  40  Other? \_\_\_\_\_  
Specify duration and intake

**SECTION C: EDUCATION DETAILS**

A certified copy or original transcripts of all official results must accompany this application. Please include the grading system to enable interpretation of academic results. List any studies you have attempted, whether complete or incomplete.

**Secondary school studies**

Name of school	Name of qualification	Year completed

**Tertiary or post-secondary studies**

Month/year commenced	Month/year completed	Title of course <small>(eg. Bachelor of Business)</small>	Name of institution	Full-time or part-time	Course completed? Yes/No Expected date of completion
1					
2					
3					

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.

**SECTION D: EMPLOYMENT DETAILS**

Complete the following employment history and provide employment references or attach your curriculum vitae (resumé). Write NIL if no employment history.

Period	Employer	Department/section	Nature of work

**SECTION E: CHECKLIST AND DECLARATION**

Make sure the following are attached:

- Certified academic transcripts with grading system
- Certified English proficiency test results (if applicable)
- Curriculum vitae, if applicable
- Design folio, if applicable – see page 30 for details
- Course or unit syllabus, if you are applying for Credit Transfer or RPL

**Applicant's 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 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.

Signature of applicant: \_\_\_\_\_ Date: / /   
Day Month Year

**SEND APPLICATION TO:**

Swinburne University of Technology      Swinburne International      Tel: +61 3 8676 7002  
 PO Box 218      Fax: +61 3 9818 3648  
 Hawthorn VIC 3122 Australia      Email: international@swinburne.edu.au

application

