

Swinburne University of Technology
**International student
 Postgraduate 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.swinburne.edu.au/postgrad/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.

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 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.

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: / /

Telephone: _____ Fax: _____ Mobile: _____

Do you have a 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: _____
e.g. AusAID, Government or any other kind of scholarship

SECTION B: COURSE PREFERENCES

Course preference	Campus	Intake	Year
<i>e.g. Master of Business Administration</i>	<i>Hawthorn</i>	<i>February</i>	<i>2011</i>
1			
2			
3			

SECTION C: ENGLISH LANGUAGE PROFICIENCY

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

Test type: _____ (e.g. IELTS) Result: _____ (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

If yes, approximate start date: / /

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

SECTION D: 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. If you would like Swinburne to consider your employment history in support of your application, please attach your curriculum vitae (résumé).

Secondary school studies

Month/year commenced	Month/year completion (expected or actual)	Title of course (e.g. A Levels)	Name and country of school

Tertiary or post-secondary studies

Month/year commenced	Month/year of completion (expected or actual)	Title of course (e.g. Bachelor of Business)	Name and country of institution	Full-time or part-time
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 E: CHECKLIST AND DECLARATION**Make sure the following are attached:**

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

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.

Signature of applicant: _____ Date: / /
Day Month Year

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