

I am submitting this application form:

Directly  Via an agent \_\_\_\_\_  
(Name of agent)

Representative/agent stamp

(if applicable)



# Swinburne University of Technology

## International student

### English Language Courses 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 Date of birth:   /   /

Family name: \_\_\_\_\_  
(As indicated in passport)

Given names: \_\_\_\_\_  
(Leave spaces between names)

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: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_ 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

Do you hold a valid Australian visa?  Yes  No If yes, type of visa: \_\_\_\_\_

Visa expiry date:   /   /

Have you arrived in Australia?  Yes  No

Year of arrival:

Do you intend to bring your family to stay with you while you study?  Yes  No

## SECTION B: COURSE PREFERENCES

Please indicate the English Language Course/s you wish to apply for:

10 weeks     15 weeks     20 weeks     25 weeks     30 weeks     35 weeks     40 weeks     50 weeks

Intensive English (5 weeks)     IELTS Exam Preparation (5–10 weeks)    Approximate start date: \_\_\_\_\_

### Group Programs

English Plus (5 weeks)     English Plus (15 weeks)     English Plus (30 weeks)

A Taste of UniLink     English + A Taste of UniLink     Other \_\_\_\_\_

## SECTION C: ENGLISH LANGUAGE PROFICIENCY

Have you taken an English Proficiency Test within the last 12 months?  Yes  No

If yes, please attach a certified copy of your results, or submit it immediately when available.

Name of Test	Date of Test	Name of Test	Date of Test
IELTS	<input type="text"/> / <input type="text"/> / <input type="text"/>	TOEFL (Please tick)	<input type="text"/> / <input type="text"/> / <input type="text"/>
OTHER _____ (Name of test)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> paper-based <input type="checkbox"/> computer-based <input type="checkbox"/> iBT internet-based	

## SECTION D: APPLICANT'S DECLARATION

- I declare that the information submitted with this application is true and complete.
- 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 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.
- I understand that Swinburne collects, uses and destroys my information in accordance with the University's Privacy Policy. For information, see [www.swinburne.edu.au/privacy](http://www.swinburne.edu.au/privacy)

Signature of applicant: \_\_\_\_\_ Date:  /  /

### SEND 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](mailto:international@swinburne.edu.au)

PLEASE ENSURE YOU HAVE WRITTEN YOUR EMAIL ADDRESS ON PAGE 1 OF THIS FORM.

For further information, including course descriptions, duration, teaching methods, fees payable and entry requirements relating to this course go to: [www.international.swinburne.edu/courses](http://www.international.swinburne.edu/courses)