

SECTION B: COURSE PREFERENCES

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

5 weeks 10 weeks 20 weeks 25 weeks 30 weeks 40 weeks

Intensive English (5 weeks) Approximate start date: _____

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"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>	TOEFL <small>(Please tick)</small> <input type="checkbox"/> paper-based <input type="checkbox"/> computer-based <input type="checkbox"/> iBT internet-based	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>
OTHER _____ <small>(Name of test)</small>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>		

SECTION C: 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

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

SEND APPLICATION TO:

Swinburne University of Technology Swinburne International Telephone: +61 3 8676 7002
PO Box 218 Facsimile: +61 3 9818 3648
Hawthorn VIC 3122 Australia Email: 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

APPLY NOW!
FOR ASSISTANCE EMAIL
OUR APPLICATION ADVISOR
international@swinburne.edu.au

application

