



# Swinburne University of Technology

## International student Foundation, Degree Transfer, TAFE and Undergraduate application form

Representative/agent stamp

(if applicable)

If you are a permanent resident, or citizen of Australia or New Zealand you cannot apply using this form. VCE students should apply for Undergraduate courses through VTAC. For further information go to [www.vtac.edu.au](http://www.vtac.edu.au). VCE students wishing to apply for TAFE courses should use this form.

Read this application carefully, complete all sections and ensure that supporting (certified) documents are attached. A non-refundable application fee of A\$60 (payable by credit card, bank draft or bank cheque made out to Swinburne University of Technology) applies to all applications to commence study from 2010.

You are not required to pay the application fee if you are submitting your application before Tuesday 30 June 2009 or if you are commencing study in 2009. If you wish to pay by credit card, please provide your details below. Please write in BLOCK letters using a blue or black pen.

### SECTION A: PAYMENT DETAILS (2010 APPLICATIONS ONLY)

I want to pay my application fee by credit card:  Yes  No Card type:  Mastercard  Visa

Card number:                 Expiry date:   /   /

Cardholder name \_\_\_\_\_ Cardholder signature \_\_\_\_\_

### SECTION B: 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 C: COURSE PREFERENCES**

TAFE or Undergraduate Courses	Campus	Intake	Year
<i>e.g. Bachelor of Business</i>	<i>Hawthorn</i>	<i>February</i>	<i>2009</i>
1			
2			
3			

**IF YOU WISH TO CHANGE YOUR COURSE PREFERENCE AFTER SUBMITTING YOUR APPLICATION YOU WILL INCUR AN ADDITIONAL A\$60 APPLICATION FEE FOR EACH CHANGE (2010 APPLICATIONS ONLY).**

Foundation Studies	Degree Transfer	Intake	Year
<input type="checkbox"/> Business <input type="checkbox"/> Design <input type="checkbox"/> Information Technology/Multimedia <input type="checkbox"/> Science/Engineering	<input type="checkbox"/> Unilink Business <input type="checkbox"/> Unilink Design <input type="checkbox"/> Unilink Information Technology	<input type="checkbox"/> February <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> October	_____

**SECTION D: 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

Do you wish to be considered for a Deputy Vice-Chancellor English Language Scholarship?  Yes  No

Note: You must commence your course between May-December to be eligible.  
 Please refer to [www.international.swinburne.edu.au/apply/scholarships/elicos](http://www.international.swinburne.edu.au/apply/scholarships/elicos) for more information.

**SECTION E: 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 (resumé).

**Secondary school studies**

Month/year commenced	Month/year completion (expected or actual)	Title of course (eg. 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 F: 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
- Credit card details supplied or bank draft or bank cheque attached for the A\$60 application fee (2010 applications only)

**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](mailto:international@swinburne.edu.au)

