|  |
| --- |
| There is no application fee. You must complete all sections of this application. Please write clearly in BLOCK LETTERS. You can also apply online at **trinity.unimelb.edu.au/tcfs/applyonline**  Please note that Australian and New Zealand citizens are not eligible to apply. |

**Trinity College Foundation Representative’s Contact Details**

**Studies Application Form 2023**

**PERSONAL DETAILS**

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as appears on passport

(

Family name Tran

Given names Tam

Citizenship Vietnamese

Country of birth Vietnam

Male

X Female

Other

Date of birth (DD/MM/YY) 0 8 0 2 0 7

/

/

Do you have Australian or New Zealand citizenship or Australian permanent residency status?

Yes x

No

Have you applied for Australian citizenship or permanent residency?

Yes x

No

Do you currently hold a visa for Australia?

Yes

No

If yes, what type?

Tourist

Student

Other

|  |  |  |
| --- | --- | --- |
| **STUDENT CORRESPONDENCE DETAILS**  Address 319A3 Ly Thuong Kiet Ward 15 District 11 |  |  |
| City Ho Chi Minh | Postcode 700000 | Country Vietnam |
| Telephone | Mobile +8425772772 | Email winterny0802@gmail.com |

**PREFERRED FOUNDATION STUDIES INTAKE**

January Comprehensive January Comprehensive Plus February Standard June Fast Track

July Comprehensive July Comprehensive Plus August Standard September Fast Track

**PREFERRED UNIVERSITY COURSE**

Bachelor of Design Major (if known) Architecture

Do you require a packaged letter of offer with the University?

Yes

No

**ACADEMIC HISTORY** (Certified true copies of all latest available academic results or forecast results should accompany this form)

Name of qualification (e.g. O levels, SPM, SMA3) IB Year awarded

Name of school American Internation School of Vietnam

Address of school 220 Nguyen Van Tao, Long Thoi, Nha Be, Ho Chi Minh City

Further study (e.g. A levels)

**OTHER**

Have you attended Trinity College Young Leaders Program?

Yes

x

No

If yes, please provide the year

Do you have a parent who previously studied at TCFS?

Yes x

No

If yes, please provide full name of parent

Do you have a sibling who previously studied/is currently studying at TCFS?

Yes x

No

If yes, please provide full name of sibling

TCFS ID (if known)

Do you have any existing condition/s (medical, psychological or physical

condition or disability) that may require additional support from Trinity College?

Yes x

No

If yes, please provide further information