

OFFSHORE INTERNATIONAL STUDENT APPLICATION FORM

CRICOS Registered Provider: The Flinders University of South Australia

Flinders University policy relating to international students can be found at: <http://www.flinders.edu.au/ppmanual/student/SecG.html>

SECTION A: Personal Details (Please type in CAPITAL LETTERS)

Surname (or family name):					
Given Names:					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Date of Birth					
Citizenship					
Country of Birth					
Name as it appears on Passport (in English)					
Applicant's address in home country:					
	Country:				
	Postcode:				
Phone Number:					
Fax Number					
Mobile phone:					
Email:					

SECTION B: Course Details

Course Title:	
Location:	
Starting Date:	

SECTION C: Educational Qualifications

Secondary and/or Tertiary courses

Please provide details of all secondary, university or other post-secondary courses you have completed or commenced. (Attach additional sheets if necessary)

Course title (Eg. Year 12, Bachelor of Arts)	Name of Institution	Language of Instruction	Start Year	Finish Year	Completed? Yes/No

SECTION D: Employment History

Please only list the work history that is relevant to the degree(s) for which you have applied, attach additional sheets if necessary. Applications for courses that ask for relevant work experience as part of entry requirements will need to be supported by letters from your past employer(s) outlining your duties and verifying your period of employment. Attach your curriculum vitae.

Occupation	Position	Employer	Start Year	Finish Year	Full-time / Part-time

SECTION E: English Language Qualifications

Please select the relevant boxes below. Official copies of test results are required.

My first language is English or

<input type="checkbox"/> TOFEL	Score <input type="text"/>	Year completed <input type="text"/>
<input type="checkbox"/> IELTS	Score <input type="text"/>	Year completed <input type="text"/>
<input type="checkbox"/> CET 4	Score <input type="text"/>	Year completed <input type="text"/>
<input type="checkbox"/> CET 6	Score <input type="text"/>	Year completed <input type="text"/>
<input type="checkbox"/> Other (please specify) <input type="text"/>	Score <input type="text"/>	Year completed <input type="text"/>

SECTION F: Disability

Please select the relevant boxes below. Official copies of test results are required.

Do you have a disability which requires special consideration? ☐ Yes ☐ No

Refer to the university's disability action plan at www.flinders.edu.au/ppmanual/EqualOpportunity/disability.html

SECTION G: Checklist

Have you included: (tick boxes where applicable)

- ☐ Application fee
- ☐ Academic transcripts (original or certified true copy)
- ☐ Translation of academic qualifications (original or certified true copy)
- ☐ Documentation of employment history
- ☐ English language test results (original or certified true copy)
- ☐ Your signature and date of application

SECTION H: Declaration

I agree:

- to comply with the rules on admission and enrolment of Flinders University;
- to inform local partner of Flinders University if there is any change to the information I have given in this application.

I understand that:

- the University may obtain official records from any institution in which I have previously been enrolled;
- the University may vary or cancel any decision it makes if the information I have given is incomplete or incorrect;
- the University need not re-enrol me if I do not complete my studying satisfactory each year;
- I am required to make satisfactory progress each year, otherwise my candidature may be terminated;
- I am fully responsible for my educational and living expenses while studying at the University,
- the University is unable to provide me with financial assistance if I experience financial difficulties during the course.

I consent to the collection, storage and disclosure of information relating to record falsification or other irregular acts in accordance with Australian Vice-Chancellor's Committee procedures.

I declare that the information I have given in this application and any attachments is true

Signature of Applicant

Date