ADMISSION APPLICATION FORM

Section A: Applicant Origin

Please select one:

Domestic ☐   **International** ☐

If International, are you currently in Australia?   ☐ Yes   ☐ No

Section B: Applicant Details

1. Personal Information							
Title	Mr.	☐	Ms.	☐	Mrs.	☐	Other ☐
Family Name(s)							
Given Name(s)							
Gender	Male ☐		Female ☐		Other ☐		Prefer not to say ☐

Date of Birth	Click or tap to enter a date.	Nationality	
Country of Birth		Email Address	
Telephone Number		Mobile	

Passport Number		Expiry Date	Click or tap to enter a date.	Country of Issue	

Address in Australia *(If Known):*	Home Country Address:
Suburb/City	Suburb/City

Postcode		State		Postcode		State	

2. Preferred Program	
Program Name	
Major *(if any)*	
Intake	☐ March ☐ July ☐ October **Year:**

3. Authorised Agent Details *(if applicable)*			
Agency Name		Contact Person	
Email Address		Phone Number	

Quantum Institute of Higher Education
Admission Application Form
Address: Level 4, 16-18 Wentworth Street, PARRAMATTA, NSW 2150
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4. English Language Proficiency

First Language	English ☐ Other ☐ *If other, please specify:* _____

Have you completed secondary or tertiary studies with English as the language of instruction?	Yes ☐ No ☐

Do you need to provide evidence of English language proficiency?	Yes ☐ No ☐

If yes, please specify test:

IELTS ☐   TOEFL ☐   PTE ☐   Other *(please specify)* _____

Overall Score _____   Test Date   Click or tap to enter a date.

5. Educational Background

Institution	Qualification	Location	Year Completed

6. Advanced Standing

Do you wish to apply for Advanced Standing   ☐ Yes ☐ No   Your USI Number: [_____]

If you have studied or are currently studying at another academic institution, you may be eligible for credit/advanced standing towards your program at QIHE.

Please refer to the "*Advanced Standing, Credit Transfer and Articulation Policy*" available on the QIHE website for further information on the process and deadlines.

7. Scholarship

Are you applying for a scholarship?

Yes ☐   No ☐

If yes, please specify the scholarship details: Click or tap here to enter text.

8. Overseas Student Health Cover (International Students only)

Would you like QIHE to arrange OSHC on your behalf?	Yes ☐ No ☐
If yes, please choose your preferred level of cover:	☐ Single ☐ Couple ☐ Family

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9. Disability Support

Do you have a disability, impairment, or medical condition which may affect your learning? *(e.g. vision, hearing, mobility, learning difficulties, or other medical conditions)*

Yes ☐   No ☐

If yes, please provide details. Your response to this question will not impact your application; this information will help us better understand and address your needs.

Click or tap here to enter text.

10. Emergency Contact Details

Name		Relationship to Applicant	
Telephone Number		Email Address	

11. Checklist

I have:

☐	Read and understood QIHE's *Admission Policy and Procedure*;
☐	Completed all sections of the Admission Application Form;
☐	Attached certified copies of valid passport and current Australian visa (if applicable);
☐	Attached certified copies of academic transcript(s), degree(s) and certificate(s) translated into English (if applicable);
☐	Attached evidence of English Language Proficiency (e.g., IELTS, TOEFL, PTE, or equivalent);
☐	Attached evidence of financial capacity;
☐	Provided details or evidence of Overseas Student Health Cover (OSHC), or requested QIHE to arrange OSHC on my behalf;
☐	Read and signed the Declaration section of this Form.

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Section C: Declaration

By signing below, I acknowledge and confirm the following:

i) I have read and understood the instructions on this *Admission Application Form* and confirm that the information I have submitted is true, accurate, and complete;

ii) The evidence I have provided represents a complete record of all academic results obtained from every university and institution I have attended;

iii) I have read, understood, and agreed to comply with the terms and conditions of enrolment, as well as the policies available on QIHE's official website;

iv) I authorise Quantum Institute of Higher Education (QIHE) to verify my academic records or obtain relevant information from the educational institutions I have previously attended;

v) I declare that I have sufficient funds available to cover tuition fees, ancillary costs, and living expenses for myself and any dependants accompanying me, as outlined on the Australian Government's Study Australia website (https://www.studyaustralia.gov.au/);

vi) I have read and understood QIHE's *Fee Refund Policy*, available on the QIHE website;

vii) I agree to promptly notify QIHE of any changes to the information I have provided in this *Admission Application Form*;

viii) I understand that QIHE reserves the right to modify or withdraw any admission or enrolment decision if it is based on information later found to be incorrect or incomplete, or fraudulent.

Full Name			
Student Signature		Date	

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