



Agent URN

Representative's Stamp

# International Application for Admission

Please print clearly in English and in BLOCK letters. Tick boxes where appropriate.

### Student details

Title \_\_\_\_\_ Given Names \_\_\_\_\_ Family Name \_\_\_\_\_

Male  Female  Age \_\_\_\_\_ Date of Birth (day/month/year) \_\_\_\_\_

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Are you a Citizen or Permanent Resident of Australia Yes  No

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email

### Family member contact details (if under 18)

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email

### VISA Details

Do you have a current Australian Visa? Yes  No  If yes, please provide a copy of your current visa

Are you applying for a Student Visa? Yes  No

Visa Type \_\_\_\_\_ Visa Subclass \_\_\_\_\_ Visa Expiry Date \_\_\_\_\_

### Passport details

Passport Number \_\_\_\_\_ Passport Expiry Date \_\_\_\_\_

Please provide a copy of your current passport

### English language

All international students must demonstrate an acceptable level of English proficiency to gain admission to the FISC academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

### Academic IELTS (score)

Overall \_\_\_\_\_ Listening \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Speaking \_\_\_\_\_

Other (please supply) \_\_\_\_\_

For all other tests accepted by the Admissions Department, please refer to flinders.edu.au/fisc

### Previous education

Please attach verified copies of all academic transcripts or reports (translated into English)

Name of Qualification \_\_\_\_\_ Year Awarded \_\_\_\_\_

Name of School/College/University \_\_\_\_\_

Country/State \_\_\_\_\_ Language of Instruction \_\_\_\_\_

If you are currently completing a qualification, please indicate when you expect to complete this study (month/year) \_\_\_\_\_

## Course Selection

Introductory Academic Program	<input type="checkbox"/>	Start Date			
Foundation Program (Standard)	February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Year	
Foundation Program (Extended)	February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Year	
Diploma of Commerce	February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Duration	8 months <input type="checkbox"/> 12 months <input type="checkbox"/> Year
Diploma of Science	February <input type="checkbox"/>	June <input type="checkbox"/>	October <input type="checkbox"/>	Duration	8 months <input type="checkbox"/> 12 months <input type="checkbox"/> Year

## Package program offer

Do you wish to receive a conditional undergraduate Letter of Offer from Flinders University? Yes  No

Will you apply for a visa to cover the undergraduate program? Yes  No

## Undergraduate offer

The Undergraduate course I would like to study at Flinders University is: (in order of preference)

Preference 1 \_\_\_\_\_ Major \_\_\_\_\_

Preference 2 \_\_\_\_\_ Major \_\_\_\_\_

Preference 3 \_\_\_\_\_ Major \_\_\_\_\_

## Caregiver arrangements

If you are under 18 years of age, do you require the College to recommend a Caregiver? Yes  No  If no, please advise the name and address in Australia of your Caregiver

Caregiver's Name \_\_\_\_\_

Caregiver's address in Australia \_\_\_\_\_

## Accommodation

Do you require assistance with accommodation? Yes  No

What type of accommodation do you require? Homestay  Residence\* (for students over 18)  \* Subject to availability

For Homestay option please arrange directly with [homestaynetwork.org/](http://homestaynetwork.org/)

## Airport transfers

For Airport Transfer requests please contact [homestaynetwork.org/](http://homestaynetwork.org/)

## OSHC Details (if applicable)

Do you currently hold an OSHC policy? Yes  No  If yes, please provide the following details

Name of OSHC provider \_\_\_\_\_

OSHC Membership Number \_\_\_\_\_ OSHC Expiry Date \_\_\_\_\_

For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy

Please select type of cover you wish to receive: Single  Dual Family  Multi Family

## Disability

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes  No  If yes, please indicate the area/s of impairment:

Acquired Brain Impairment  Hearing/Deaf  Intellectual  Learning  Physical  Medical Condition

Mental Illness  Mobility  Vision  Other

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes  No

## Declaration and signature (this application must be signed; otherwise it will not be accepted)

I wish to be considered for admission to the course(s) I have shown on this application form. I agree that were I do not meet the entry requirements for the selected course or suite of courses, that I will be offered an alternative Study Group course. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Flinders International Study Centre (FISC). I authorise Flinders International Study Centre (FISC), where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application. I also understand that Flinders International Study Centre (FISC) is required under Section 19 of the ESOS Act 2000, to inform the Department of Immigration and Border Protection about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory academic performance. I also understand that under the provisions of the ESOS Act 2000, Flinders International Study Centre (FISC) may release information provided in this application to Australian Commonwealth and State agencies.

Flinders International Study Centre (FISC) is bound by the Privacy Act (1988) of the Commonwealth of Australia. FISC collects and uses any personal information provided to itself in accordance with the Act. The type of information and the use and disclosure of that information without any prior approval is set out in our detailed Privacy Policy which can be found at [flinders.edu.au/fisc](http://flinders.edu.au/fisc).

By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.

Signed (Student) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Parent, Legal Guardian\*) \_\_\_\_\_ Date \_\_\_\_\_

\* if applicant is under the age of 18

## Note

- Information provided may be made available to Commonwealth and State agencies and the Director of the Tuition Protection Service, pursuant to obligations under the ESOS Act 2000 and the National Code.
- Any school-aged dependants accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school.

## Send your application to:

**Admissions Centre**  
Level 8, 97-99 Bathurst Street  
Sydney NSW 2000, AUSTRALIA  
T +61 2 8263 1888  
F +61 2 9267 0531  
E [FISCadmissions@studygroup.com](mailto:FISCadmissions@studygroup.com)  
or to your local representative