## INTERNATIONAL STUDENTS APPLICATION FORM\*



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\* Alternatively, you can apply directly via our website.

Visit www.ecu.edu.au/future-students/international/overview for more details.

Plea	ase check one of the following:							
	First Application Change	of Course						
NF	IME AND CONTACT INFORM	ATION E	CU Student N	<b>ımber (</b> if a	pplicable)			
1.								
2.	Given Names: Preferred Name							
3.	Home Address:							
						Agent Stamp/Contact Details		
	Mobile:							
	Email (Required):							
	Telephone: (Country Code) (Area Code) (Phone No)							
4.	Correspondence Address (if different):							
	Telephone: (Country Code) (Area Code) (Phone No)							
5.	Date of Birth:							
6.	Sex: Male Female							
7.	Country of Birth:							
8.	Nationality/Citizenship:							
PR	OPOSED PROGRAM			Unde	ergraduate	Postgradua	nte	
9.	Commencement Year:			Semester 1 (Feb) Semester 2 (July)				
10.	Course Preferences:							
	1st Preference:			Major:		Course Code:		
	2nd Preference:			Major:		Course Co	Course Code:	
ΕN	GLISH LANGUAGE PROFICIE	ENCY						
11.	What is the main language spoken in	your home?						
12.	Please provide proof of competence in English Language. You must attach certified evidence to show that your English ability meets our requirements, e.g. IELTS, TOEFL or Pearsons; GCE O Level.							
	Have you completed a degree or other	er tertiary qualifica	ation in English?	Yes	No			
QL	JALIFICATIONS							
13.	Please attach certified copies of all ac education institution representative.	ademic records. A	certified copy is	a photoco	py stamped a	nd signed by a pul	olic notary or	
	Please list all qualifications obtained s	tarting from your	final secondary	/ear.				
	Name of Institution	Country of Study	Name of A	Award	Completed Y/N	Normal Course Duration	Years Attended From/To	
		,					/	
		1	+		1			

OTHER INFORMATION								
14. Disability Declaration: Do you have a disability or any longterm medical condition which may affect your studies? Yes 🔲 No								
If yes please indicate the area of impairment to enable the University to provide assistance:								
Hearing Learning Mobility Vision Medical								
Other: please indicate								
15. Home Country Emergency Contact								
Title: Family Name: Given Name: Relations	hip:							
Telephone:								
Address:								
16. Do you permit ECU to provide information to your nominated sponsor/guardian or scholarship body? Yes 🔲 No 🗌								
If so, please provide name of individual/scholarship body:								
RELEASE OF ACADEMIC RESULTS								
17. If your application for direct entry into ECU is unsuccessful, it may be possible for you to be admitted to a course at a pathway								
college associated with ECU. Successful completion of a qualification at the college is an alternative entry pathway into ECU.								
Would you like us to pass your application to be considered for entry into a pathway course? Yes No								
REQUIRED DOCUMENTS (Please check our website for course specific requirements)								
All Students:     Application Form								
Certified Academic Documents								
Certified English Proficiency Documents								
Copy of passport (if applicable)								
Student Financial Declaration Form								
I have attached the above mentioned documents Yes No								
Research Students:  • A brief outline of the research topic you wish to undertake (1-2 pages in length)								
<ul> <li>Copies of any published papers or journal articles – if available</li> </ul>								
Resumé (Curriculum Vitae)								
I have attached the above mentioned documents Yes No								
Have you approached or identified a potential supervisor?* Yes No								
If yes, please provide name:								
* Please note that due to the number of applicants, there is no guarantee of supervision; supervisors will be determined by the Faculty once all applications have been assessed.								
DOCUMENT SUBMISSION								
By email: apply@ecu.edu.au								
In person: Edith Cowan University, ECU International, Building 18, Level 2, 270 Joondalup Drive, Joondalup								
Please note that you must include certified copies of your documents and official translated copies if the original is not in Englis	h.							
DECLARATION								
<ol> <li>I declare that the information provided by me in this application is true and correct. I acknowledge that Edith Cowan Univers make such enquiries as may be reasonably necessary to verify the information provided by me in this application including, v</li> </ol>	, ,							
qualifications.  2. I understand that providing false and misleading information to obtain admission and/or credit into a course is an offence.								
3. Iconfirm:								
<ul> <li>a. I have made my own enquiries as to the suitability of the course that I am seeking to be enrolled; and</li> <li>b. That it is my sole responsibility to ensure that my enrolment is in accordance with the Admissions Enrolment and Acader</li> </ul>	nic Progress Rules of Edith							
Cowan University.	th and State agencies when							
4. I acknowledge and agree that the information provided by me to Edith Cowan University may be provided to Commonwealth and State agencies when required by law.								
5. If I am admitted into a course with Edith Cowan University I agree to comply with the Statutes, By-laws, Rules and Regulations of Edith Cowan University 6. I acknowledge I have had the opportunity to peruse the Statutes, By-laws, Rules and Regulations of Edith Cowan University at								
www.ecu.edu.au/GPPS/governance_services/legislation								
<ol> <li>I acknowledge that official communication by Edith Cowan University to me will be by electronic means unless alternative communication arrangements have been agreed by ECU.</li> </ol>								
8. I agree to notify ECÚ of any changes to my residential addresses whether in Australia or another country and to any change the event of an emergency.	in the contact information in							
If you have concerns about any of the above items please contact ECU International via email at apply@ecu.edu.au.								
Student Signature:Date:								