

I am submitting this application form:

☐ Directly ☐ Via an agent _____
(Name of agent)

Representative/agent stamp

(if applicable)



Swinburne University of Technology

International Student

English Language Courses Application Form

If you are a permanent resident, or citizen of Australia or New Zealand you cannot apply using this form.

SECTION A: PERSONAL DETAILS

If previously enrolled at Swinburne University of Technology, please state ID number (Swinburne ID number)

PRINT YOUR NAME AS IT APPEARS IN YOUR PASSPORT. Please use BLOCK CAPITALS. All fields must be completed

Contact details

Title: _____ (Mrs, Miss, Ms, Mr etc) Gender: ☐ Female ☐ Male Date of birth / /
Family name
(As indicated in passport)
Given names
(Leave spaces between names)
Email address

Postal address

Number and street
Suburb/City
Country
Postcode

Residential address (if different to Postal Address)

Residential address should NOT be the same as your agent

Number and street
Suburb/City
Country
Postcode

Citizenship

Country of citizenship: Submission location:
(What country were you in when you submitted this application?)

Country of birth: Telephone:

Facsimile: Mobile:

Disability

Do you have a disability, impairment or long term medical condition? ☐ Yes ☐ No

If yes, please provide details:

Scholarships

Have you been granted a scholarship? ☐ Yes ☐ No Scholarship name:
eg Australian Awards, Government or any other kind of scholarship.

Visa

Do you hold a valid Australian visa? ☐ Yes ☐ No If yes, type of visa:

Visa expiry date: / / Visa Sub Class:

Have you arrived in Australia? ☐ Yes ☐ No Year of arrival:

Do you intend to bring your family to stay with you while you study? ☐ Yes ☐ No

Have you previously been excluded or suspended from Swinburne or any other educational institution for academic or non-academic reasons? ☐ Yes ☐ No

If yes, institution and reason:

SECTION B: COURSE PREFERENCES

Please indicate the English Language Course/s you wish to apply for:

☐ 10 weeks ☐ 15 weeks ☐ 25 weeks ☐ 30 weeks ☐ 35 weeks ☐ 40 weeks ☐ 50 weeks
☐ Intensive English (5 weeks) ☐ IELTS Exam Preparation (5–10 weeks) Approximate start date:

Group Programs

☐ English Plus (5 weeks) ☐ English Plus (15 weeks) ☐ English Plus (30 weeks)
☐ A Taste of UniLink ☐ English + A Taste of UniLink ☐ Other

SECTION C: ENGLISH LANGUAGE PROFICIENCY

Have you taken an English Proficiency Test within the last 12 months? ☐ Yes ☐ No

If yes, please attach a certified copy of your results, or submit it immediately when available.

Name of Test	Date of Test	Name of Test	Date of Test
IELTS	<div><div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div><div>Day</div><div>Month</div><div>Year</div></div>	TOEFL (Please tick)	<div><div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div><div>Day</div><div>Month</div><div>Year</div></div>
OTHER _____ (Name of test)	<div><div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div><div>Day</div><div>Month</div><div>Year</div></div>	<input type="checkbox"/> paper-based <input type="checkbox"/> computer-based <input type="checkbox"/> iBT internet-based	

SECTION D: APPLICANT'S DECLARATION

- I declare that the information submitted with this application is true and complete.
- I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
- I understand that the University reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.
- I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
- I acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without prior notice.
- I understand that the personal information I have provided may be released to government agencies as required by law. I further understand that it may be disclosed to third parties for the purpose of progressing my application.
- I understand that Swinburne collects, uses and destroys my information in accordance with the University's Privacy Policy. For information, see www.swinburne.edu.au/privacy

Signature of applicant: Date:

D

D

/

M

M

/

Y

Y

Day

Month

Year

SEND APPLICATION TO:

Swinburne University of Technology
Swinburne International
PO Box 218
Hawthorn VIC 3122 Australia
Telephone: +61 3 8676 7002
Facsimile: +61 3 9218 3648
Email: international@swinburne.edu.au

PLEASE ENSURE YOU HAVE WRITTEN YOUR EMAIL ADDRESS ON PAGE 1 OF THIS FORM.

For further information, including course descriptions, duration, teaching methods, fees payable and entry requirements relating to this course go to: **www.international.swinburne.edu/courses**