

Swinburne University of Technology

International Student

Group Program Application 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: Current location: (city,country)

Country of birth: Telephone:

Facsimile: Mobile:

Disability

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

Tick one or more of the following:

- Hearing/Deaf Intellectual Mobility Learning Visual Mental Illness Medical Condition

Providing information about a disability or medical condition will not disadvantage your application. However the University needs to assess if it can make reasonable adjustments to accommodate your disability or medical condition in order to advise you appropriately. In some cases the support required may be at a cost to you.

Do you have a medical or health-related issue that may prevent a student visa being issued? Yes No

Please refer to www.immi.gov.au/allforms/health-requirements/meeting-health-req.htm

If yes, please provide details:

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Visa

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

Visa expiry date: / /

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

Name of school / organisation arranging Group Program:

Intended type of visa: Tourist Working Holiday Student* Other:

*students applying for student visas may be required to supply additional information

SECTION B: COURSE PREFERENCES

Group Programs

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

Please indicate the length of your program: weeks. Expected start date:

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 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	<input type="text"/> / <input type="text"/> / <input type="text"/> Day Month Year	TOEFL (Please tick)	<input type="text"/> / <input type="text"/> / <input type="text"/> Day Month Year
OTHER _____ (Name of test)	<input type="text"/> / <input type="text"/> / <input type="text"/> Day Month Year	<input type="checkbox"/> paper-based <input type="checkbox"/> computer-based <input type="checkbox"/> iBT internet-based	

SECTION D: ACCOMMODATION

Do you need Swinburne to arrange your accommodation? Yes No

If yes, Homestay Student lodge

(further information will be sought from students requiring accommodation services)

SECTION E: OPTIONS

Are you interested in joining any of the following optional extras (costs apply):

Weekend day trips Weekend camps (2 days) Volunteering Buddy Program

(further information will be sought from students interested in any options)

SECTION F: 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: / /
Day Month Year

SEND APPLICATION TO:

Swinburne University of Technology Swinburne College Telephone: +61 3 9214 8595
 PO Box 218 Facsimile: +61 3 9214 5375
 Hawthorn VIC 3122 Australia Email: swincoll@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