# INTERNATIONAL D PLICATION FOR

•	Do not complete this form if you are a permanent resident or citizen of Australia or
	New Zealand, unless you are a New Zealand resident or citizen applying to study a
	TAFE course.

- Please enclose a non-refundable A\$75 application processing fee. Your application will not be processed without this fee. Current students and alumni of Victoria University (VU) are exempt from paying this fee if a student ID number is provided. \*Scholarship recipients may also be exempt from paying this fee (conditions apply, see page 3). .
- All documents must be certified or sighted by a recognised authority (i.e. school, • university, VU representative).
- Complete all sections of this form clearly using BLOCK letters in black or blue pen. .
- For more information visit: www.vu.edu.au/courses/how-to-apply/international-• applications

#### ICTORIA UNIVERS URNF S U

### **APPLICATION DETAILS**

Are you applying through a Victoria University registered agent? YES 📃 NO 🗌

The contact details of VU's registered agents can be found at:

eaams.vu.edu.au/BrowseAgents.aspx

Which country are you submitting this application in?

MOBILE/CELL:

COUNTRY NAME:

Agent Stamp

## 1. PERSONAL DETAILS - PRINT YOUR NAME IN BLOCK LETTERS AS IT APPEARS ON YOUR PASSPORT TO AVOID DELAYS IN YOUR APPLICATION

STUDENT ID: S (must be provided if you are a current or former student of VU)	
TITLE:MRMISSMRSOTHER	GENDER: MALE FEMALE
FAMILY NAME (AS STATED IN PASSPORT):	
GIVEN NAME (AS STATED IN PASSPORT):	
COUNTRY OF CITIZENSHIP:	DATE OF BIRTH: DD/MM/YYYY
2. STUDENT CONTACT DETAILS	
ADDRESS TYPE: SEMESTER MAILING HOME	
NUMBER AND STREET:	
SUBURB OR TOWN:	STATE/PROVINCE:
COUNTRY:	POSTCODE/ZIP CODE:

PHONE:

EMAIL:

## **3. COURSE PREFERENCES**

List courses in order of preference in the table below, including any preferred pathways.

COURSE NAME		COURSE CODE	CRICOS CODE	CAMPUS	COMMENCING SEMESTER (1 OR 2)	YEAR
Example: Bachelor of Busin	ess (Accounting)	BBUS-BSPACT	075687K	FP	1	2015
1.						
2.						
3.						
4.						
City Flinders (CF) City King (CK)	City Queen (CQ) Footscray Nicholson (FN)	Footscray Park (FP)	Newport (NP)	St Albans (SA)	Sunshine (SS) V	Verribee (WB)
4. ARE YOU CURRENTLY IN AUSTRALIA? YES NO (If no, go to section 5)						
If you are in Australia, tell us whether	you have one of these visas or visa exemptions:					
AUSAID	PARTNER VISA	STUDENT VISA	[	TEMPORARY RI	ESIDENT	
VISITING SCHOLAR VISA		TOURIST/WORKIN	G HOLIDAY VISA			
COUNTRY OF CITIZENSHIP: IS		ISSUING COUNTRY OF PASSPORT:				
SSPORT NUMBER: You must attach a copy of your photo ID page from your passport.						
VISA NUMBER:	A NUMBER:			]		
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5. PREVIOUS VISA HISTORY	
HAVE YOU EVER BEEN DENIED ENTRY TO AUSTRALIA OR ANY OTHER COUNTRY?	YES NO (If yes, attach details of official correspondence)
HAVE YOU BREACHED THE CONDITIONS OF A VISA FOR AUSTRALIA OR ANY OTHER COUNTRY	PYES NO (If yes, attach details of official correspondence)
6. ARE YOU APPLYING FOR RECOGNITION OF PRIOR LEARNING (RPL)?	YES NO (If no, go to section 7)
If you selected yes, download and submit with your application a completed Recognition of Pr Competency Credit Transfer Application (A80) with supporting documentation from: www.vu.e	
7. ARE YOU APPLYING FOR MASTERS BY RESEARCH OR A PHD?         PROPOSED RESEARCH AREA:	YES NO (If no, go to section 8)
PREFERRED SUPERVISOR:	
If you are applying to study a Masters by Research or a PhD, you must also: <ol> <li>submit a one or two page research proposal</li> <li>nominate two referees who can confirm that you have the ability to undertake high-quality</li> <li>attach copies of your published papers and/or journals (if available).</li> </ol> For detailed information about selection criteria, research expertise and supervisors visit: www.	
8. ARE YOU CURRENTLY STUDYING?	
If you are currently studying, attach documentation of all results and qualifications received to NAME OF QUALIFICATION OR EXAMINATION:	date.
INSTITUTION:	STATE:
COUNTRY:	DATE COMMENCED: DD/MM/YYYY
WILL YOU COMPLETE THESE STUDIES PRIOR TO COMMENCING AT VICTORIA UNIVERSITY? DATE FINAL RESULTS ARE EXPECTED: DD/MM/YYYYY	YES NO
9. PREVIOUS STUDIES	
Provide documentation of all results and qualifications for both complete and incomplete studi	es. List your most recent qualification first.
TERTIARY STUDIES (POST-SECONDARY)	
NAME OF QUALIFICATION:	
SCHOOL / INSTITUTION:	COUNTRY / STATE:
DATE COMMENCED: MM / Y Y Y	DATE FINISHED: MM/YYYYY
NAME OF QUALIFICATION:	
SCHOOL / INSTITUTION:	COUNTRY / STATE:
DATE COMMENCED: MM/YYYYY	DATE FINISHED: MM (Y Y Y Y
SECONDARY STUDIES	
NAME OF QUALIFICATION:	
SCHOOL / INSTITUTION:	COUNTRY / STATE:
	DATE FINISHED: MM/YYYYY
10. EMPLOYMENT HISTORY	
Providing details of your work experience/employment history may support your application. and your resume (if required for course entry). List your most recent employer first and attach	
NAME OF COMPANY:	DATE COMMENCED: MMM/YYYYY
POSITION AND DUTIES:	DATE ENDED:
NAME OF COMPANY:	DATE COMMENCED: MMM/YYYY
POSITION AND DUTIES:	DATE ENDED: MMM/YYYY
NAME OF COMPANY:	
POSITION AND DUTIES:	

## **11. ENGLISH LANGUAGE PROFICIENCY**

IS ENGLISH YOUR FIRST LANGUAGE? YES NO
HAVE YOU UNDERTAKEN STUDIES IN WHICH THE LANGUAGE OF INSTRUCTION WAS ENGLISH? 🗌 YES 🗌 NO (If yes, attach evidence from the institution to your application)
HAVE YOU ENROLLED, OR DO YOU INTEND TO ENROL, IN AN ENGLISH LANGUAGE INTENSIVE COURSE FOR OVERSEAS STUDENTS (ELICOS)?
IF YES, AT WHICH INSTITUTION?:
START DATE: DD/MM/YYYY END DATE: DD/MM/YYYY NUMBER OF WEEKS:
HAVE YOU TAKEN, OR WILL YOU BE TAKING, AN ENGLISH TEST? YES NO (If no, go to section 11)
WHAT WAS THE NAME OF THE TEST: I IELTS TOEFL OTHER (PLEASE SPECIFY):
DATE OF TEST: DD/MM/YYYY TEST SCORE (IF KNOWN) LISTENING READING WRITING SPEAKING OVERALL
12. OVERSEAS STUDENT HEALTH COVER (OSHC)
Overseas Student Health Cover (OSHC) must be arranged for the duration of your visa as a condition of your student visa. Victoria University can arrange health cover with OSHC Worldca (our preferred provider) on your behalf for the duration of your visa.
<ul> <li>If you pay the full OSHC amount up-front, you are protected against any increases in the OSHC fees for the duration of your visa.</li> </ul>
If you complete your studies earlier than expected, you may be entitled to a refund from OSHC Worldcare.
Health insurance is your responsibility and current cover must be maintained by students for the duration of their stay in Australia.
DO YOU WANT VICTORIA UNIVERSITY TO ARRANGE OSHC FOR THE DURATION OF YOUR VISA IN AUSTRALIA? YES NO IF <b>YES</b> , PLEASE INDICATE WHICH TYPE OF COVER SINGLE DUAL FAMILY MULTI - FAMILY IF <b>NO</b> , REASON GIVEN FOR NOT COMMENCING A NEW OSHC WORLDCARE MEMBERSHIP.
YOU ALREADY HAVE CURRENT OSHC MEMBERSHIP FOR THE DURATION OF YOUR VISA.
HEALTHCARE PROVIDER: OSHC START DATE: DD/M/M/YYYYYY
MEMBERSHIP NUMBER: OSHC EXPIRY DATE: DD MMM/YYYYYY
YOU WILL ORGANISE OSHC MEMBERSHIP YOURSELF.
13. SCHOLARSHIP/SPONSORSHIP APPLICANTS
HAVE YOU BEEN GRANTED, OR ARE YOU INTENDING TO APPLY FOR, A SCHOLARSHIP OR SPONSORSHIP? [VES NO (If no, go to section 14) SCHOLARSHIP / SPONSORSHIP PROVIDER NAME:
*VU reserves the right to assess applicants eligibility for application processing fee waiver.
14. DISABILITIES
DO YOU HAVE A DISABILITY, FOR WHICH ADDITIONAL ASSISTANCE IS REQUIRED? If yes, please attach information detailing this disability.
15. GUARDIAN ARRANGEMENTS
ARE YOU UNDER 18 YEARS OF AGE? YES NO (If no, go to section 16)
If yes, please refer to www.immi.gov.au/students/student_guardians/ for information about arrangements for students under 18 years of age.
If you are under the age of 18 at the time of submitting this application, you must have a parent or guardian sign the declaration on page 4 of this form on your behalf.
16. CHECKLIST Please ensure you have completed the following before submitting the application.
5. If your course requires evidence of past work experience for admission, have you included a copy of your resume and evidence of experience?

## **17. DECLARATION**

(Applicant's full name in BLOCK LETTERS. If the applicant is under 18 years of age, the parent/guardian must complete this section.)

- · declare that the information and supporting documentation provided is true and complete.
- acknowledge that the information collected on this form will be used for the purpose of assessing my application to study at Victoria University.
- · have read and understand the description of course/s that I am applying for on the Victoria University website at www.vu.edu.au
- declare that any academic results submitted are a complete record of all results that I have obtained from every secondary or post-secondary institution I have attended and
  acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
- authorise the University to seek verification of my academic and professional qualifications, work experience and other documentation provided to support my application. I understand
  that the University reserves the right to inform other tertiary institutions and agencies if any of the material presented to support my application is found to be false.
- understand that the University reserves the right to not issue an offer or revoke an existing offer if it is unable to verify the authenticity of documentation provided to support my
  application, or if material contained in my application is found to have been copied from other sources and is not my own work.
- acknowledge that Victoria University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, incomplete or fraudulent information.
- authorise Victoria University to obtain further relevant documentation to support my application, if necessary.
- acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without notice.
- declare that I am a Genuine Temporary Entrant and Genuine Student and that I have read and understood conditions relating to these requirements on the Department of Immigration and Border Protection (DIBP) website: www.immi.gov.au
- understand that the University may choose not to issue an Electronic Confirmation of Enrolment (eCoE) if the University, its agent or its nominee assesses that I am unlikely to meet the Genuine Temporary Entrant requirements for a student visa, as required by the DIBP.
- understand and accept that I must abide by all terms and conditions of my visa.
- authorise the University to access the Australian Immigration Visa Entitlements Verification Online (VEVO) system at any time to obtain information on my visa status.
- am aware of the tuition and living costs for my stay in Australia and have the financial capacity to meet such costs for the duration of my program. I am responsible for making timely
  payments of any fees or associated costs and for funding my living costs.
- have read, understood and agree to be bound by the University's refund policy and conditions. This policy is available upon request or at www.vu.edu.au/courses/fees-assistance/ refunds/international-refunds
- agree to advise the University within seven days of any subsequent changes to my residential address in Australia.
- acknowledge that the information I provide to the University may be made available to Australian and State Government agencies, pursuant to obligations under the ESOS Act 2000
  and the National Code 2007. I recognise that disclosure to Government agencies can include, but is not limited to, information regarding breaches of a student visa condition, changes
  to my enrolment and/or for visa processing purposes.
- acknowledge that as a public sector agency, VU abides by the Victorian Privacy and Data Protection Act 2014 and the information privacy principles it contains. The University also
  complies with privacy obligations under the Commonwealth Privacy Act 1988. VU's Information Privacy Policy is available online at: www.vu.edu.au/privacy
- authorise the University to provide my address and details of enrolment to its approved registered agents, if I applied through one of Victoria University's registered agents.
- understand that any school-aged dependants accompanying me to Australia will be required to pay full fees if they are enrolled in a school in Australia.
- understand that any documentation I submit becomes property of Victoria University and will not be returned to me.
- acknowledge that due to various government regulations related to the privacy of applicants, Victoria University cannot disclose information about me to any third party such as parents, friends or relatives without my written consent.
- declare that my signature is true and correct, and matches the signature in my passport.
- have read, understood and accept the above conditions.

## SIGNATURE: X

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If you are under the age of 18 at the time of submitting this application, you must have a parent or guardian sign the declaration on your behalf.

SUBMIT THIS FORM IN PERSON TO:	POST THIS FORM TO:	EMAIL THIS FORM TO:	CONTACT VU	INTERNATIONAL
City Flinders Campus (VUHQ)	Victoria University International	intapps@vu.edu.au	Phone:	+61 3 9919 1164
300 Flinders St Ground Floor (University Arcade)	City Flinders Campus		Enquiries:	eaams.vu.edu.au/enquiries
Melbourne, Victoria Australia	PO Box 14428		Web	www.vu.edu.au/international
	Melbourne Victoria 8001			
	Australia			
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## **APPLICATION FEE CREDIT CARD PAYMENT**

To pay your application processing fee for the amount A\$75.00 (seventy-five Australian dollars) by credit card, complete the details below:			
VISA / MASTERCARD CREDIT CARD NO.: EXPIRY DATE: MM/YYYYY			
CCV NUMBER (Your Credit Card Verification (CCV) number is the last three digits of the number printed on the back of your credit card):			
CARDHOLDER NAME:	CARDHOLDER PHONE:		
CARDHOLDER EMAIL:			

#### SIGNATURE OF CARDHOLDER: X

The credit card transaction will be processed by Victoria University in Australian dollars and will be converted at the current rate on that day by your credit card provider.

DATE: