

STUDY ABROAD APPLICATION FORM



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

PERSONAL INFORMATION

THE STUDENT

Family Name		Given Names
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (day/month/year)

Details for home country address/contact details

Home Address		
City	Code	Country
Home Telephone	Mobile	Fax

Details for current address/contact details

Current Home Address		
City	Code	Country
Home Telephone	Mobile	Fax
Email		

CITIZENSHIP AND RESIDENCE STATUS

Nationality	Country of Birth
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Passport Details

Passport Number	Passport Expiry Date
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Visa Details

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

Visa Type	Visa Number
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PREVIOUS EDUCATION

ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Yes No My first language is

If No, please provide evidence of your English Language Proficiency.

IELTS Academic

Overall (score)	Date	Listening (score)
Reading (score)	Writing (score)	Speaking (score)

TOEFL

Score	Date	TWE (score)
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ACADEMIC BACKGROUND

At which institution are you currently studying?

What program are you currently enrolled in?

What year are you currently in country?

COURSE SELECTION

PROPOSED STUDY PROGRAM

Start Date (day/month/year)	Intake:	March <input type="checkbox"/>	July <input type="checkbox"/>
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Important: Course approval will be assessed on the basis of the transcripts that you provide and final enrolment will be completed upon arrival.

Please list subjects in order of preference

SUBJECT NAME	OFFICE USE ONLY
1.	Approved <input type="checkbox"/>
2.	Approved <input type="checkbox"/>
3.	Approved <input type="checkbox"/>
4.	Approved <input type="checkbox"/>
5.	Approved <input type="checkbox"/>
6.	Approved <input type="checkbox"/>
7.	Approved <input type="checkbox"/>
8.	Approved <input type="checkbox"/>

AIRPORT TRANSFERS

Do you require an airport transfer? Yes No Flight details including date, time and flight number should be sent to the International Admissions Centre as soon as possible to arrange the airport collection.

DECLARATION TO BE SIGNED

I acknowledge that all the information provided in this application is correct and all sections of the form are complete.

Signed (Student)	Date
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PLEASE SEND YOUR APPLICATION TO:

intadmissions@acpe.edu.au, or International Admissions Centre Level 24, 201 Elizabeth Street Sydney NSW 2000, AUSTRALIA | T +61 2 8263 1888 | F +61 2 9267 0531

PROGRAM DIRECTOR'S APPROVAL (OFFICE USE ONLY)

Signature	Date
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