

INTERNATIONAL STUDENT APPLICATION FORM

- 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.
- 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.vusydney.edu.au/apply-and-accept



VICTORIA UNIVERSITY
SYDNEY AUSTRALIA

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:
<https://ecavu.rtomanager.com.au/Publics/PublicPages/AgentListByCountry.aspx>

Which country are you submitting this application in?

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: (must be provided if you are a current or former student of VU)

TITLE: MR MISS MS MRS OTHER _____ GENDER: MALE FEMALE

FAMILY NAME (AS STATED IN PASSPORT): _____

GIVEN NAME (AS STATED IN PASSPORT): _____

COUNTRY OF CITIZENSHIP: _____

DATE OF BIRTH: / /

2. STUDENT CONTACT DETAILS

ADDRESS TYPE: SEMESTER MAILING HOME

NUMBER AND STREET: _____

SUBURB OR TOWN: _____

STATE/PROVINCE: _____

COUNTRY: _____

POSTCODE/ZIP CODE: _____

PHONE: _____

MOBILE/CELL: _____

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 Business (Accounting)	BBUS-BSPACT	075687K	FP	1	2015
1.					
2.					
3.					
4.					

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 RESIDENT

VISITING SCHOLAR VISA VISITOR VISA TOURIST/WORKING HOLIDAY VISA

COUNTRY OF CITIZENSHIP: _____

ISSUING COUNTRY OF PASSPORT: _____

PASSPORT NUMBER: _____

You must attach a copy of your photo ID page from your passport.

VISA NUMBER: _____

VISA START DATE? / /

VISA EXPIRY DATE? / /

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? YES NO (If yes, attach details of official correspondence)

6. ARE YOU APPLYING FOR ADVANCED STANDING? YES NO (If no, go to section 7)

If you selected yes, download and submit with your application a completed application for Advanced Standing with supporting documentation from: www.vu.edu.au/student-tools/student-forms

7. ARE YOU CURRENTLY STUDYING? YES NO (If no, go to section 8)

If you are currently studying, attach documentation of all results and qualifications received to date.

NAME OF QUALIFICATION OR EXAMINATION: _____

INSTITUTION: _____

STATE: _____

COUNTRY: _____

DATE COMMENCED: DD/MM/YYYY

WILL YOU COMPLETE THESE STUDIES PRIOR TO COMMENCING AT VICTORIA UNIVERSITY? YES NO

DATE FINAL RESULTS ARE EXPECTED: DD/MM/YYYY

8. PREVIOUS STUDIES

Provide documentation of all results and qualifications for both complete and incomplete studies. List your most recent qualification first.

TERTIARY STUDIES (POST-SECONDARY)

NAME OF QUALIFICATION: _____

SCHOOL / INSTITUTION: _____

COUNTRY / STATE: _____

DATE COMMENCED: MM/YYYY

DATE FINISHED: MM/YYYY

NAME OF QUALIFICATION: _____

SCHOOL / INSTITUTION: _____

COUNTRY / STATE: _____

DATE COMMENCED: MM/YYYY

DATE FINISHED: MM/YYYY

SECONDARY STUDIES

NAME OF QUALIFICATION: _____

SCHOOL / INSTITUTION: _____

COUNTRY / STATE: _____

DATE COMMENCED: MM/YYYY

DATE FINISHED: MM/YYYY

9. EMPLOYMENT HISTORY

Providing details of your work experience/employment history may support your application. Attach certified copies of work reference letters from your employer on company letterhead and your resume (if required for course entry). List your most recent employer first and attach additional pages if required.

NAME OF COMPANY: _____

DATE COMMENCED: MM/YYYY

POSITION AND DUTIES: _____

DATE ENDED: MM/YYYY

NAME OF COMPANY: _____

DATE COMMENCED: MM/YYYY

POSITION AND DUTIES: _____

DATE ENDED: MM/YYYY

NAME OF COMPANY: _____

DATE COMMENCED: MM/YYYY

POSITION AND DUTIES: _____

DATE ENDED: MM/YYYY

10. 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)? YES NO

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: IELTS TOEFL OTHER (PLEASE SPECIFY): _____

DATE OF TEST: DD / MM / YYYY TEST SCORE (IF KNOWN) LISTENING READING WRITING SPEAKING OVERALL

11. 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 Worldcare (our preferred provider) on your behalf for the duration of your visa.

- 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.
- 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 **YES**, PLEASE INDICATE WHICH TYPE OF COVER SINGLE DUAL FAMILY MULTI - FAMILY

IF **NO**, 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 / MM / YYYY

MEMBERSHIP NUMBER: _____ OSHC EXPIRY DATE: DD / MM / YYYY

YOU WILL ORGANISE OSHC MEMBERSHIP YOURSELF.

12. SCHOLARSHIP/SPONSORSHIP APPLICANTS

HAVE YOU BEEN GRANTED, OR ARE YOU INTENDING TO APPLY FOR, A SCHOLARSHIP OR SPONSORSHIP? YES NO (If no, go to section 14)

SCHOLARSHIP / SPONSORSHIP PROVIDER NAME: _____

13. DISABILITIES

DO YOU HAVE A DISABILITY, FOR WHICH ADDITIONAL ASSISTANCE IS REQUIRED? YES NO (If no, go to section 15)

If yes, please attach information detailing this disability.

14. 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.

15. CHECKLIST

Please ensure you have completed the following before submitting the application.

1. Have you provided proof of your English language proficiency? YES
2. Have you included true copies of your certificates and academic transcripts, verified by an approved individual or organisation? YES
3. If your course requires evidence of past work experience for admission, have you included a copy of your resume and evidence of experience? YES

16. DECLARATION

I, _____

(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**

DATE: / /

SIGNATURE OF A PARENT/GUARDIAN (IF UNDER 18 YEARS OF AGE): **X**

DATE: / /

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 SYDNEY
Victoria University Sydney Level 1 160 Sussex Street Sydney NSW 2000	Victoria University Sydney Level 1 160 Sussex Street Sydney NSW 2000	apply@vusydney.edu.au	Phone: +61 2 8265 3200 Enquiries: info@vusydney.edu.au Web: www.vusydney.edu.au