Southern Cross University Sydney International Application for Admission

PLEASE PRINT CLEARLY IN BLACK INK USING BLOCK LETTERS.

Submit your application form, with attachments by email: **appsydney@scu.edu.au Mail**: Southern Cross University Sydney, International Admissions, 60 Phillip Street, Sydney New South Wales 2000 **Ph:** 1800 422 226

APPLICATION FOR Full degree English Language Centre

Master Agent: EduCo Sydney Branch Pty. Ltd.

PERSONAL DETAILS

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Preferred names as you would like displayed on your academic transcript.

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Family Name/Surname	As this appears in your passpo	nt.) First Give	n Name		Title (Mr/Mrs/Miss/Ms)		
Other Given Names							
Gender (M/F) Date	of Birth (dd/mm/yy)	Citizenship		Countr	ry of Birth		
Passport Number				Visa Type			
Passport Number				visa type			
Do you hold a current A	Australian Visa? 🛄 Ye	s If 'Yes' you must attach	a copy of visa and pass	port. No			
Have you or any other of	dependent ever had a	visa application rejec	ted or cancelled?	Yes If 'Yes', please pro	ovide details. 📃 No		
Correspondence Addre	SS (Agent name or Partner Ins	titution and address if applic					
Agent name or Partner I	nstitution			SS (Student's home address	s.)		
Number and street		Number and street					
Suburb/Town			Suburb/Town				
State	Post/zip code	Country	State	Post/zip code	Country		
Email			Email				
Phone			Phone				
Next of Kin							
Full Name				Relationship			
Phone (home)		Phone (work)	Phone (mobile)				
Do you have a disability medical condition that i			If 'Yes' please indicate area(s) of impairment		Nobility Learning r (please specify)		
Have you previously en	rolled at Southern Cros	ss University? 📃 N	o 📃 Yes If 'Yes' supply	Vision			
PROGRAM OF							
Course Preferences	Ma	jor	Location	Duration	Study Period/Year		
Scholarship details (if	applicable) Will you be	e receiving a scholar	ship? 🗌 YES 🛛	NO			
Name of Scholarship							

STATEMENT OF PURPOSE

Provide a statement outlining how the course you have chosen is related to previous studies/work including details of your future career direction (please attach an additional page).

STUDY ABROAD (Non-award study for one or two sessions.)

Unit Preference	Unit Code	Location	Study period/Year

ENGLISH LANGUAGE CENTRE

Course	Location	Duration	Study period/Year

Do you require Homestay accommodation? Ves No Please note A 10-week Homestay placement is mandatory for

EAP programs. If 'Yes', complete and return the Homestay application found at **scu.edu.au/international/apply**

If 'No', I understand that finding alternative accommodation is my responsibility.

ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Ves No If 'No'	what is your first language?
Was English the language of instruction in previous seconda If 'Yes' please indicate the studies that were completed in E attach your results to this application form.	· · ·
Studies	Duration

Have you completed a test of English proficiency in the last two years? If 'Yes' please indicate date taken and test name.

Date Taken (dd/mm/yy)	English Test Name	Result (if known)	Test Report Form Number

If you answered 'No' to all of the above English language proficiency questions, you must sit an approved English test and advise us of the results before an Offer of Admission can be made.

ACADEMIC QUALIFICATIONS

Please provide details and documentation of **ALL** your qualifications and academic transcripts; include secondary and post-secondary programs.

Name of Qualification		School/Institution		Country	Year Started	Year Completed	
Are you CURRENTLY	studying?			·		·	
If 'Yes' please provide	details (below.)				Yes	No	
Course/Award		Institution		Country	Results (expected)		
Date (dd/mm/yy)	ate (dd/mm/yy) / / Name of Qualification						
All official trans	cripts must	be submit	ted, including failure	s (if anv).			
Have you been excluded or are you liable for exclusion, on academic or other grounds, from any tertiary institution Person No or faculty and/or course within such an institution following a previous enrolment? If 'Yes' you must attach a separate sheet giving details.							
OVERSEAS STUDENT HEALTH COVER (OSHC) What type of OSHC will you be requiring (please tick the relevant category)? Single Couple Family							

No

Yes

ADVANCED S1	FANDING
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If 'Yes' you must complete an **Advanced Standing Application Form**, along with supporting documentation including a certified copy of the transcript, comprehensive syllabus details for each relevant unit (descriptions, learning hours, assessment methods and explanation of weighting of each unit). **scu.edu.au/advancedstanding**

RELEVANT EMPLOYMENT HISTORY Please provide current Curriculum Vitae (CV) and work references.

If insufficient space, please attach a separate sheet giving additional details.

From mm/yy	To mm/yy	Full-time/ Part-time	Employer	Position	Duties

APPLICATION CHECKLIST

	Completed application form		Evidence of employment history (if required)		All documents must be originals or			
Academic transcripts			Other supporting details		d copies of originals. Translation of ents into English must be carried			
English test results			Statement of purpose	out by an accredited translation authori				
	Syllabus (if applying for advanced standing)							
Whe	re did you first hear about Southern Cross	Jniv	versity?					
Age	Agent Educational Partner Web other than SCU SCU website							
Frie	Friend Alumni Interview Exhibition Publication							
Othe	er							

DECLARATION, TERMS AND CONDITIONS AND SIGNATURE

The personal information you provide on this form is protected by the New South Wales Privacy and Personal Information Protection Act 1998 and the health information is protected by the Health Records and Information Privacy Act 2002. Details regarding the operation of the Acts are contained in Southern Cross University's Privacy Management Plan and may be viewed at: **scu.edu.au/privacy**

I also understand that:

- Southern Cross University communicates with me via electronic

 means.
- The University may vary or cancel any decision it makes if the information I have given is incorrect or incomplete.
- Providing false or misleading information may lead to the cancellation of my enrolment.
- The information that I have provided to the University may be made available to Commonwealth and State agencies pursuant to obligations under the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students.
- The information may be disclosed to third parties for the purpose of progressing my application.
- I intend to come to Australia with the primary purpose of academic study, and have the language, educational ability and financial capacity to undertake and successfully complete my academic plan.
- The University is unable to provide me with financial assistance if I experience financial difficulties during the course of my studies.

 By nominating an agent, as listed in the "contact address for correspondence", to represent me in my application to the University, I agree to the release of all information relating to my application and subsequent enrolment at the University to my nominated agent, until such time as this nomination is revoked by me in writing.

Yes

No

- If the payment for my course is made by a sponsor (a third party paying my tuition fees or nominated by me as my sponsor), I agree to the release of all information to my sponsor regarding my application and subsequent enrolment including my subject results, progress reports, and enrolment details.
- In the case of provider or student default I understand the University may share my personal information between the Australian Government and designated authorities and if relevant, the Tuition Protection Service (TPS). This information includes personal and contact details, course enrolment details and changes, and the circumstance of any suspected breach by me relating to a Student Visa condition.

I have read and understand the description of the ESOS framework made available at: **www.aei.gov.au**

I declare that the information provided in this application and the documentation supporting it is true and complete.

Applicant's Signature	Date (dd/mm/yy)	/	/	
Signature of parent/legal custodian if student is under 18 years of age	Date (dd/mm/yy)	/	/	