



## To complete this form:

- Answer all questions on the form—No application fee
- Use BLOCK LETTERS and tick check boxes where required
- Do not complete this form if you are an Australian/New Zealand citizen,
   Australian Permanent Resident, or a Permanent Humanitarian visa holder.

Study Abroad applicants please use the Study Abroad Application Form. Higher Degree by Research application information is available from the USC website www.usc.edu.au/internationalapply

## Please return form to:

USC International

University of the Sunshine Coast—ML17
MAROOCHYDORE DC QLD 4558 AUSTRALIA

Fax: +61 7 5430 2836 Email: study@usc.edu.au

Email application Print and fax

1.0 PERSO	NAL DETAILS												
Have you been	n previously enrolled at the U	niversity o	of the Sun	shine Coast?		No 🖸 Ye	s-Studen	t ID numbei	r:				
Title: Mr / Mrs / Miss / Ms / Dr / Other:			te of birth: Day Month			Υ	ear Se	ex: <b>O</b> M	ale	Female			
(as shown on passport)						(eg 21 / January / 1979)							
Family name:					Given names:								
Country of birth:					Citizenship:								
Passport nur	nber:	/ MM / YYYY Country of issue:											
What visa are you applying for? Student visa Extension to Student visa—subclass:													
Do you need additional OSHC* for accompanying family members? (fees apply):  Yes No Type of cover:  Dual family*  Multi family													
* Overseas Student Health Cover. # Either one adult spouse or recognised de-facto partner or one or more dependant children accompanying the valid Student visa holder. † More than one dependant which can only include one adult spouse or recognised de-facto partner and one or more dependant children accompanying the valid Student visa holder.													
Address / contact details													
Number and street:													
Town/City:	Town/City:				State:			Country:					
Postcode/Zip:				Email:			@						
Telephone: Country Area Local number Mobile:							Fax: Country Area Local number						
Permanent Address in home country (if different from above)													
Number and street:				Town/City:				State:					
Country:			Postcode/Zip:			Telephon	Telephone: Country Area Local number			number			
2.0 ENGLISH LANGUAGE PROFICIENCY													
Yes-Eng	glish is my first language (Evid	ence of firs	t language	may be reque	sted)	□ No-m	ny first lan	guage is:					
If English is I	<b>not</b> your first language, please	fill in the	following	g and attach	docu	mentary ev	idence.						
English proficiency test taken (eg Cambridge, IELTS, TOEFL				, DAAD): Sco			ore: Date: DD		ate: DD /	/ MM / YYYY			
☐ I intend to sit for an English proficiency test:									Test date: DD / MM / YYYY				
I applied for/am currently taking an English Language Program at USC.													
I have successfully completed a course delivered entirely in English, within the last five years, for:													
two years full-time secondary study one year full-time University level study one year full-time other post-secondary study													
3.0 PROGR	AM PREFERRED												
Preference	Name of degree program (eg Bachelor of Arts, Master of Profe	ssional Acco	unting)		Mode	of Study		Semes	ster or Tr	imester	Ye	ear	
1					0	n campus	Onlin	ne Semes	ster/Trim	ester:			
2					0	n campus	Onlin	ne Semes	ster/Trim	ester:			
3					0	n campus	Onlin	ne Semes	ster/Trim	ester:			





4.0 DDEVIOUS and	CURRENT SECONDARY and PO	ST SECONDARY	CTUDIEC (on Uin	h Sahaal TAE	F. University)					
4.0 FREVIOUS and	CORNEINT SECONDART and FO	31-3LCONDANT	STUDIES (eg mg	ii School, IAI	L, University)					
Institution / School	Name of Award / Qualification	Year completed or year to be completed	Language of instruction	Country	Main fields of study (If post-secondary study)					
Previous studies										
Current studies										
	of previous and current studies m ts not in English must be accompar			ic transcripts (st	atement of results and award					
Academic credit trans	sfer: Do you want to claim credit?	No Yes*								
Would you prefer an o	ffer even if the credit assessment h	as not been comp	leted? 🖸 No 🏻	Yes						
→ If you tick 'No', an offe	er will only be sent when the credit asso ill receive an offer as soon as you are d	essment has been co	mpleted.		vill follow at a later date.					
*To claim credit for your previous post-secondary studies (eg university, college, technical or vocational study), please attach a completed 'Application for Credit' form available from the USC website www.usc.edu.au/internationalcredit and include full subject descriptions.										
5.0 SUPPORT SERVI			,							
	y, impairment or long-term medica	l condition, which	may affect your stu	ıdies?						
No										
	d in a confidential manner by Stud	,		accessing suppo	rt services as required.					
6.0 DECLARATION				CHE	CKLIST					
I agree to pay all fees for w	hich I am liable, and have read and agre			e	Have you completed all sections of this					
	ies, procedures and guidelines and conc udent Fees, Charges and Refunds Proced	ite	application form?  Have you attached certified copies of							
I consent to information co	ollected about me on this form being dis	I/or	English proficiency? Have you attached certified/notarised							
	e Australian Government and/or design versity's Privacy Plan available at <b>www.</b>	Ly,	academic transcripts?							
	on I have provided on this application for Coast to obtain further information req		Have you attached employment history details (where applicable)?							
	fy the University of the Sunshine Coast	iven	Have you attached certified/notarised copies of graduation certificates?							
I understand the University	of the Sunshine Coast reserves the righted on the basis of incorrect or incomple		Have you read and signed the Declaration?							
circumstances, without a w	change my education provider during th rritten letter of release from the Univers gistered education provider.	fer	Have you attached certified/notarised copies of official English translations of any documents created in a language other than English?							
that accompany me while I	onsible for all education and living expe am studying at the University of the Su me will be required to pay full fees at a	lants ged I hea	I heard about USC from:							
	s and responsibilities as a student study seas Students (ESOS) Act 2000 and the									
www.aei.gov.au/Regulato	ry-Information This agreement, and th	HON	//E INSTITUTION / AGENT DETAILS							
_	t remove my right to take action under		AVISTA Education							
☐ I understand and accept the conditions set out in the declaration above.  Regeringsgatan 79  Box 7723										
Name:			3 95 Stockholm, Sweden							
Email application Prin	nt and fax		Tel: +46 (0)8 440 16 30 E-mail: info@avista.nu							

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