STUDY ABROAD

APPLICATION FORM



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.

Please return form to:

USC International University of the Sunshine Coast—ML17 MAROOCHYDORE DC QLD 4558 AUSTRALIA Email: study@usc.edu.au

1.0 PERSONAL DET	TAILS												
Have you been previously	nine Coast? 🗌 No	o 🗌 Ye	s—Student I	D number:									
Title: Mr Mrs	Miss □Ms □Dr	Other:	Date of birth	: DAY	Mo	ONTH	YEAF	Sex:	□ Ма	le 🗆] Fen	nale	
(as shown on passpo			ort)	(eg 21 / January / 1979)									
Family name:		Given names:											
Country of birth:				Citizenship:									
Passport number: Date of issue: DD/			MM/YYYY	Country of issue:									
Language spoken at home:													
What visa are you applying for? ☐ Student visa ☐ Extension to Student visa: ☐ Other:													
USC to arrange OSHC*? ☐ No ☐ Yes Type of cover: ☐			Single cover Dual family# Multi family†			family† [☐ I will arrange my own OSHC cover						
*Overseas Student Health Cover. Additional costs apply. A quote will be provided in your Letter of Offer. If purchased through USC, OSHC Essentials cover will be provided by our preferred provider OSHC Allianz Global Assistance. # 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:		State:			Country:								
Postcode/Zip:			Email:										
Telephone: COUNTRY AREA LOCAL NUMBER			Mobile:										
Permanent Address in h	Permanent Address in home country (if different from above)												
Number and street:			Town/City:				State:						
Country:			Postcode/Zip:			Telephone:		COUNTRY AREA LOCAL NUMBER					
2.0 ENGLISH LANGUAGE PROFICIENCY													
How do you intend to meet USC's English language requirement?													
☐ English is my first language													
☐ English proficiency test (eg Cambridge, IELTS, TOEFL, DAA			D):		Score:	Score:		Date: DD/MM/YYYY					
Other (provide details):													
3.0 PREFERRED COURSES Visit the USC website at usc.edu.au/SAcourses for course list (course offerings are subject to change)													
I want to study for: one two semesters Commencing: Semester 1 (Feb-June) Year Semester 2 (July-Nov)													
Course Code (eg COR109) Course title (eg Communication and Thought) Semester													
Sealed the leg communication and model			Schilestel		inester of off	5. 5. 6.16. (1012)		ome Institution approval (if required)					

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4.0 PREVIOUS and CURRENTS	STUDIES (eg Secondary School, TAFE, University	v)			
Institution / School	Name of Award / Qualification		Country		
CURRENT STUDIES					
PREVIOUS STUDIES					
		1			
5.0 SUPPORT SERVICES					
	or long-term medical condition, which may affect your sti				
	Learning Mobility Vision Medical	Other:			
I his information is used in a confident	tial manner by Student Life and Learning to assist you in a	accessing support service	s as required.		
6.0 TERMS AND CONDITIONS		CHECKLIS	Т		
 All information supplied in this applic correct. USC must be notified of any of submitted documents supporting this returned to the applicant. USC reserves the right to vary or rever of incorrect or incomplete information. Where an application has been subming (eg USC representative or partner, extregarding the application and enrolm. USC may carry out a Visa Entitlement rights. The information collected on this formic circumstances the Australian Governmaccordance with the University's Information usc.edu.au/privacyplan and where an obligations under the Education Service. Should this application result in an of constitute part of the written agreem documents contained in the written agreement with USC. By signing and submitting this applicat 	In not be Attach of proficie and con Attach of proficie and con Attach of docume details (In and Corresponding Cor	Complete all sections of this application form Attach certified copies of English proficiency, academic transcript(s), and completion certificate(s) Attach official translations of documents (if applicable) Attach employment history details (if applicable) Read and sign the Terms and Conditions I heard about USC from:			
that I agree to the terms and conditions		11139 Sto Tel: +46 8	ockholm, Sweden 3 440 16 30		
Signature:	Date:	E-mail: in	fo@avista.nu		
Name:					