INTERNATIONAL STUDENT





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
Email: study@usc.edu.au

Country of birth: Citizenship.	Title: Mr Mrs Miss Ms	□Dr □Other:	Date of birth:	DAY	М	ONTH	YEAR Sex: Male Female				
Country of birth: Cassport number: Date of issue: Date of i		(AS SHOWN ON PASSI	PORT)		(EG 21 / JANUA	RY / 1979)					
Date of issue: DOMM/YVYY Country of issue: Country of issue: DOMM/YVYY Country of issue:	Family name:			Given names:							
Angluage spoken at home What visa are you applying for? Student visa Extension to Student visa: Other:	Country of birth:			Citizenship:							
Mat visa are you applying for? Student visa Extension to Student visa: Other: JSC to arrange OSHC*2 No Yes Type of cover; Single cover Dual family* Multi family* I will arrange my own OSHC cow Overseas Student Health Cover Additional costs apply. A quite will be provided in your tener of Offer if purchased through USC, OSHC Essentials cover will be provided by our preferred provider OSHC Allianz Either core adult in pour ear recognized de facto partier, or one or mere dependant children accompanying the valid Student visa holder. Health Cover Addition and you folder one adult spoure or recognized de facto partier and one or more dependant of this en accompanying the valid Student visa holder. Health Cover and street: Country: State: Country:	Passport number:	Date of issue: DD/MM/YYYY			Country of issue:						
Section Sect	Language spoken at home:										
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 Alianz blobal Assistance. It best over 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 Alianz blobal Assistance. It best over a district content of the 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: Selephone: COUNTRY AREA LOCAL NUMBER Mobile: Permanent Address in home country (if different from above) Number and street: Town/City: Postcode/Zip: Telephone: COUNTRY AREA LOCAL NUMBER AND 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, DAAD): Other (provide details): 3.0 USC STUDY LOCATION AND PROGRAM Pelect your preferred study location (Note: Not all USC programs are available at all study locations): USC Sunshine Coast USC SouthBank USC Caboolture USC Fraser Coast USC Cympie Preference Name of degree program (eg Bachelor of Arts, Master of Professional Accounting) Semester / Trimester Vector USC SouthBank USC Caboolture USC Fraser Coast USC Cympie	What visa are you applying for? Student visa Extension to Student visa			☐ Other:							
Debt Assistance Country Coun	JSC to arrange OSHC*? No	nge OSHC*? No Yes Type of cover: Single cover 1					Dual family [‡] ☐ Multi family [†] ☐ I will arrange my own OSHC cover				
Aumber and street: State:	ilobal Assistance. Either one adult spouse or recognised de-facto partr More than one dependant which can only include o	ner, or one or more dependant child	ren accompanying the valid S	tudent visa h	older.	·					
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INTERNATIONAL STUDENT





4.0 PREVIOUS and CURRENT SECONDARY and POST-SECONDARY STUDIES (eg High School, TAFE, University)									
4.0 PREVIOUS a	nd CURRENT SECONDARY and	d POST-SE	CONDARY STUDIE	S (eg High	School, TAFE, University)				
Institution / School	Name of Award / Qualification	Year complete or year to be completed		Country	Main fields of study (If post-secondary study)				
PREVIOUS STUDIES									
CURRENT STUDIES									
Academic credit trans	fer: Do you want to claim credit? 🔲	No 🗌 Yes							
	ffer even if the credit assessment has			'es					
 → If you tick 'No', an offer will only be sent when the credit assessment has been completed. → If you tick 'Yes', you will receive an offer as soon as you are deemed eligible for program entry. Credit assessment advice will follow at a later date. 									
5.0 SUPPORT SE	RVICES								
		condition wh	ich may affect your stu	dies?					
Do you have a disability, impairment or long-term medical condition, which may affect your studies?									
No Yes → Hearing Learning Mobility Vision Medical Other:									
This information is used in a confidential manner by Student Wellbeing to assist you in accessing support services as required.									
6.0 TERMS AND CONDITIONS CHECKLIST									
	ed in this application form and any su otified of any changes to the informat	rue and	Complete all sections of this application form						
Submitted documents be returned to the appl	supporting this application become t icant.	ill not	Attach certified copies of English proficiency, academic transcript(s),						
USC reserves the right t basis of incorrect or inc	to vary or reverse any decision regardi omplete information.	n the	and completion certificate(s) Attach official translations of						
(eg USC representative	nas been submitted to USC and/or wh or partner, external funding body), U	arty I party	documents (if applicable) Attach employment history						
regarding the application	on and enrolment at USC.		details (if applicable) Read and sign the Terms						
USC may carry out a Visa Entitlement Verification Online (VEVO) check to confirm the applicant's and Conditions study rights.									
	ted on this form may be disclosed if a		I heard about USC from:						
	the Australian Government and/or de ce with the University's <i>Information Pri</i>	the							
	cyplan and where applicable, the Dire s under the <i>Education Services for Overs</i>								
	crosult in an offer of admission to USA		HOME INSTITUTION / AGENT DETAILS						
Form will constitute pa	result in an offer of admission to USC rt of the written agreement between	ould	AVISTA Education						
read all the documents entering into a written	contained in the written agreement agreement with USC.	ind	Regeringsgatan 79						
	ing this application, I declare all the ir	te and	11139 Stockholm, Sweden						
	s and conditions as outlined in section		Tel: +46 8 440 16 30 E-mail: info@avista.nu						
					L man. mowavista.nu				
Signature:		Date	l:						

Name: