

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 bee	n previously enrolled at the U	niversity of	the Sunsh	ine Coast? 🗌	No 🗌 Ye	es-Student	ID numbe	er:					
Title: Mr Mrs Miss Ms Dr Other:				Date of birt	n: Day	M	onth		Year	Sex: [Male	e 🗌 Female	
		(as shown	n on passport	.)		(eg 21 / Ja	nuary / 1979)						
Family name:					Given names:								
Country of birth:					Citizenship:								
Passport nur	port number: Date of issue: DD			/ MM / YYYY	IM / YYYY Country of issue:								
What visa are you applying for? Student visa Extension to Student visa-subclass:													
Do you requ	you require OSHC*?: Yes No Type of cover:			Single cover 🗌 Dual family [#] 🗌 Multi fa			ti family ⁺	I will arrange my own OSHC cover					
If purchased through USC, OSHC Essentials cover will be provided by our preferred provider OSHC Allianz Global Assistance. * 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:				State:			Country:						
Postcode/Zip:				Email:			@						
Telephone: Country Area Local number Mobile:			Nobile:				Fax: Country Area Local number						
Permanent Address in home country (if different from above)													
Number and street:				Town/City:					State:				
Country:				Postcode/Zip:			Telephon	hone: Country Area Local number			ber		
2.0 ENGLISH LANGUAGE PROFICIENCY													
Yes -English is my first language (Evidence of first language may be requested) No -my first language is:													
If English is not your first language, please fill in the following and attach documentary evidence.													
English proficiency test taken (eg Cambridge, IELTS, TOEFL,				, DAAD): Sco			ore: Date: D			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 Account	nting)	Мос	le of Study		Seme	ster c	or Trimes	ster	Year		
1	icg such of or and, master of Hore	ssional Account			On campus	🗌 Onlin	e Seme	ster/1	Trimeste	er:			
2	2								ster/Trimester:				
3					On campus	_		ster/1	Trimeste	er:			
					1 -	_							

INTERNATIONAL STUDENT APPLICATION FORM



4.0 PREVIOUS and	CURRENT SECONDARY ar	d POST-SECONDARY	' STUDIES (eg Hig	h School, T	AFE, University)				
Institution / School	Institution / School Name of Award / Qualifica		Language of instruction	Country	Main fields of study (If post-secondary study)				
Previous studies									
Current studies									
	of previous and current stuc ts not in English must be acc			ic transcripts	(statement of results and award				
Academic credit trans	sfer: Do you want to claim cr	edit? 🗌 No 📄 Yes*							
 → If you tick 'No', an offe → If you tick 'Yes', you w * To claim credit for your pavailable from the USC we 	ebsite www.usc.edu.au/internat	dit assessment has been co u are deemed eligible for p (eg university, college, tech	ompleted. rogram entry. Credit as nnical or vocational stu	sessment advi	ce will follow at a later date. ach a completed 'Application for Credit' form				
5.0 SUPPORT SERVI									
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 use	d in a confidential manner by	/ Student Life and Learn	ing to assist you in a	accessing sup	oport services as required.				
6.0 DECLARATION				C	HECKLIST				
USC's OSHC provider Allianz I authorise, where I have sub via a third party (an education to USC communicating with application and enrolment to I agree to pay all fees for wh read and agree to abide by tt Coast's Student rules, policie and conditions of enrolment Fees and Charges Policy, and Refunds Procedures, which a website www.usc.edu.au/in I consent to information coll form being disclosed if auth- and/or in certain circumstan Government and/or designa by the University, in accorda Information Privacy–Goverr	er my application to USC will ovided on this form will also rolment and to provide me luding information released to . Global Assistance). omitted my application to USC on agent/partner institution) the third party regarding my o USC. nich I am liable, and have he University of the Sunshine es, procedures and guidelines c, including the Student d Student Fees, Charges and are available on the USC nternational-student-rules lected about me on this orised or required by law, nees the Australian ted authorities authorised ince with the University's ning policy available at	I declare that the informatic application form is true and the University of the Sunsh information required to cor I agree to immediately notif Sunshine Coast of any chan given in this application for address. I understand the University the right to vary or reverse admission or enrolment ma incomplete information. I understand that I cannot of during the first six months circumstances, without a w University of the Sunshine of place from another register I agree that I am fully respon living expenses, both for mi that accompany me while I of the Sunshine Coast, and dependants accompanying fees at a private or governm	I complete and authorisi ine Coast to obtain furth nplete enrolment. Ty the University of the ges to the information I m, including a change o of the Sunshine Coast r any decision regarding de on the basis of incorr change my education pro- ritten letter of release fi Coast and an official off ed education provider. Insible for all education yself and for all my depe am studying at the Univ am evare that school-a me will be required to p	e her her her have f have f her have f her have f her have f her have have have have have have have have	 Have you completed all sections of this application form? Have you attached certified copies of English proficiency? Have you attached certified/notarised academic transcripts? Have you attached employment history details (where applicable)? Have you attached certified/notarised copies of graduation certificates? Have you read and signed the Declaration? Have you attached certified/notarised copies of official English translations of any documents created in a language other than English? 				
www.usc.edu.au/privacyple the Director of the Tuition Pr to obligations under the <i>Edu</i> <i>Students (ESOS) Act 2000</i> an Where my tuition fee will be I agree to USC communicatii regarding my enrolment at L	rotection Scheme, pursuant cation Services for Overseas id the National Code 2007. paid by a funding body, ng with the third party	I understand that my rights student studying in Austral Education Services for Over Act 2000 and the National https://internationaleduc and the availability of comp does not remove my right to consumer protection laws.	ia are governed by the seas Students (ESOS) Code 2007, outlined at ation.gov.au This agree plaints and appeals proc	ment, esses,	IOME INSTITUTION / AGENT DETAILS AVISTA Education Regeringsgatan 79 111 39 Stockholm, Sweden Tel: +46 (0)8 440 16 30				

I understand and accept the conditions set out in the declaration above.

Date:

Email application Print and fax

E-mail: info@avista.nu

Name: