

INTERNATIONAL STUDENT APPLICATION FORM | ATMC MANAGED CAMPUSES



To complete this form:

- Answer all questions on the form
- Use BLOCK LETTERS and tick check boxes where required

1.0 PERSONAL DETAILS

Have you been previously enrolled at the University of the Sunshine Coast? No Yes—Student ID Number:

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Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	Date of birth	DAY	MONTH	YEAR	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<small>(AS SHOWN ON PASSPORT)</small>	<small>(EG 21 / JANUARY / 1979)</small>				

Family name:	Given names:
Country of birth:	Citizenship:
Passport number:	Date of issue: DD/MM/YYYY
Country of issue:	
Language spoken at home:	
Where are you applying for your visa from? <input type="checkbox"/> In Australia <input type="checkbox"/> Overseas	
If you are in Australia, do you require a letter of release from your principal education provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Address / contact details

Number and street:		
Town/City:	State:	Country:
Postcode/Zip:	Email:	
Telephone: COUNTRY AREA LOCAL NUMBER	Mobile:	

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

<input type="checkbox"/> English proficiency test taken (eg Cambridge, IELTS, TOEFL, DAAD):	Score:	Date: DD/MM/YYYY
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➔ Please attach your English language test results certificate as proof of meeting language requirements.

3.0 PROGRAM PREFERRED

	Name of degree program	Semester	Year
<input type="checkbox"/>	Bachelor of Business CRICOS Code: 022807A	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<input type="checkbox"/>	Bachelor of Commerce (Accounting) CRICOS Code: 076978B	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<input type="checkbox"/>	Bachelor of Information and Communications Technology CRICOS Code: 048930F	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<input type="checkbox"/>	Master of Business Administration CRICOS Code: 066777E	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<input type="checkbox"/>	Master of Business Administration (Extended) CRICOS Code: 088886G	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<input type="checkbox"/>	Master of Business Administration / Master of International Business CRICOS Code: 088887F	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<input type="checkbox"/>	Master of Professional Accounting CRICOS Code: 059557J	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<input type="checkbox"/>	Master of Information and Communications Technology CRICOS Code: 092873M	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

Campus*: USC Melbourne USC Sydney

* If you would like to study at a USC campus not listed here, please refer to USC application forms available at www.usc.edu.au/international

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4.0 PREVIOUS and CURRENT SECONDARY and POST-SECONDARY STUDIES (EG High School, TAFHE, 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					

Documentary evidence of previous and current studies must be attached including full academic transcripts (statement of results and award certificates). Documents not in English must be accompanied by certified English translations.

Academic credit transfer: Do you want to claim credit? No Yes*

* To claim credit for your previous post-secondary studies (eg university, college, technical or vocational study), please provide full subject descriptions.

5.0 SUPPORT SERVICES

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

I understand that the information collected in this form is used to determine whether my application to an USC ATMC managed campus (USC/ATMC) will be accepted and whether I will be admitted to USC/ATMC as an enrolled student. Information provided on this form will also be used to administer my enrolment and to provide me with other services.

I understand that ATMC is appointed by USC to manage the application process, USC program delivery and student service provision at USC Melbourne and USC Sydney.

I authorise USC to release my personal information, submitted in this application, or subsequently, to facilitate my enrolment at USC/ATMC, to ATMC or any representative appointed to assist with the application process.

I agree to pay all fees for which I am liable, and have read and agree to abide by USC's rules, policies, procedures and guidelines and conditions of enrolment, including the Student Fees and Charges Policy, and Student Fees, Charges and Refunds Procedures, which are available on the USC website at www.usc.edu.au/international-student-rules

I consent to information collected on this form being disclosed if authorised or required by law, or in certain circumstances the Australian Government or designated authorities authorised by the University, in accordance with the University's Information Privacy—Governing policy available at www.usc.edu.au/privacyplan and, where applicable, the Director of the Tuition Protection Scheme, pursuant to obligations under the Education Services for Overseas Students (ESOS) Act 2000 and the National Code 2018.

I declare that the information I have provided on this application form is true and complete and I authorise USC and ATMC, and representatives of these organisations, to obtain any further information required to complete my enrolment. I understand USC reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

I agree to immediately notify USC and ATMC of any changes to the information I have given in this application form, including change of address.

I understand that I cannot change my education provider during the first six months of my program, except in limited circumstances, without a written

letter of release from USC and an official offer of a place from another registered education provider.

I agree that I am fully responsible for all education and living expenses, both for myself and for all my dependants that accompany me, while I am studying at USC/ATMC, and I am aware that school-aged dependants accompanying me will be required to pay fees at a private or government school.

I understand that my rights and responsibilities as a student studying in Australia are governed by the Education Services for Overseas Students (ESOS) Act 2000 and the National Code 2018, outlined at <https://internationaleducation.gov.au>

This agreement, and the availability of USC's complaints and appeals processes, does not remove my right to take action under Australia's consumer protection laws.

I have read USC's important policies and information regarding ESOS, as indicated to on the ATMC website, including the circumstances in which I can defer, cancel or suspend my studies.

AGENT DETAILS

By signing and submitting this application, I declare all the information I have provided is accurate and that I agree to the terms and conditions as outlined in 6.0.

Signature:	Date:
Name:	