

Student Details

FAMILY NAME:	GIVEN NAME:
DATE OF BIRTH: / / <small>DD/MM/YYYY</small>	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
COUNTRY OF BIRTH:	NATIONALITY:
CURRENT ADDRESS:	PASSPORT NO:
COUNTRY:	POSTCODE:
EMAIL:	CURRENT VISA TYPE: <i>(if applicable)</i>
AGENT NAME: <i>(if applicable)</i>	MOBILE: <small>if you are in Australia</small>

Will you need to apply for a student visa?

YES, Choose an option in this section NO, Skip this

IF YOU APPLY FOR A STUDENT VISA, YOU NEED OSHC (OVERSEAS STUDENT HEALTH COVER). PLEASE ARRANGE OSHC FOR:

SINGLE  COUPLE/DUAL  OR  FAMILY  NO OSHC. I/my agent will arrange it.

Have you visited or studied in Australia previously? Yes No

Have you ever been refused a visa for entry into Australia or any other country? Yes No

Have you breached any visa conditions in Australia or any other country? Yes No

Have you done any English tests?

YES, SCORE: _____ TEST NAME: _____ EG. IELTS OR TOEFL YES, I've done the Academia VET Entry Test

NO, but I do have an English certificate from another school. *(Please include it with this form.)* NO, I haven't

Course Details

CAMPUSES	MELBOURNE CAMPUS <input type="checkbox"/>	BRISBANE CAMPUS <input type="checkbox"/>
	399 LONSDALE STREET MELBOURNE VIC 3000	41 RAFF STREET, SPRING HILL QLD 4000
Course Details		
COURSE NAME I :	INTAKE DATE: / / <small>DD/MM/YYYY</small>	NO. WEEKS: <small>ENGLISH courses only</small>
COURSE NAME II :	INTAKE DATE: / / <small>DD/MM/YYYY</small>	NO. WEEKS: <small>ENGLISH courses only</small>
COURSE NAME III :	INTAKE DATE: / / <small>DD/MM/YYYY</small>	NO. WEEKS: <small>ENGLISH courses only</small>

Are you applying for any credit transfer? YES NO

If yes, please include your ACADEMIC TRANSCRIPT with this form.

Do you need any help when you arrive in Australia?

AIRPORT PICKUP

HOMESTAY PLACEMENT

NO, I do not need the above services

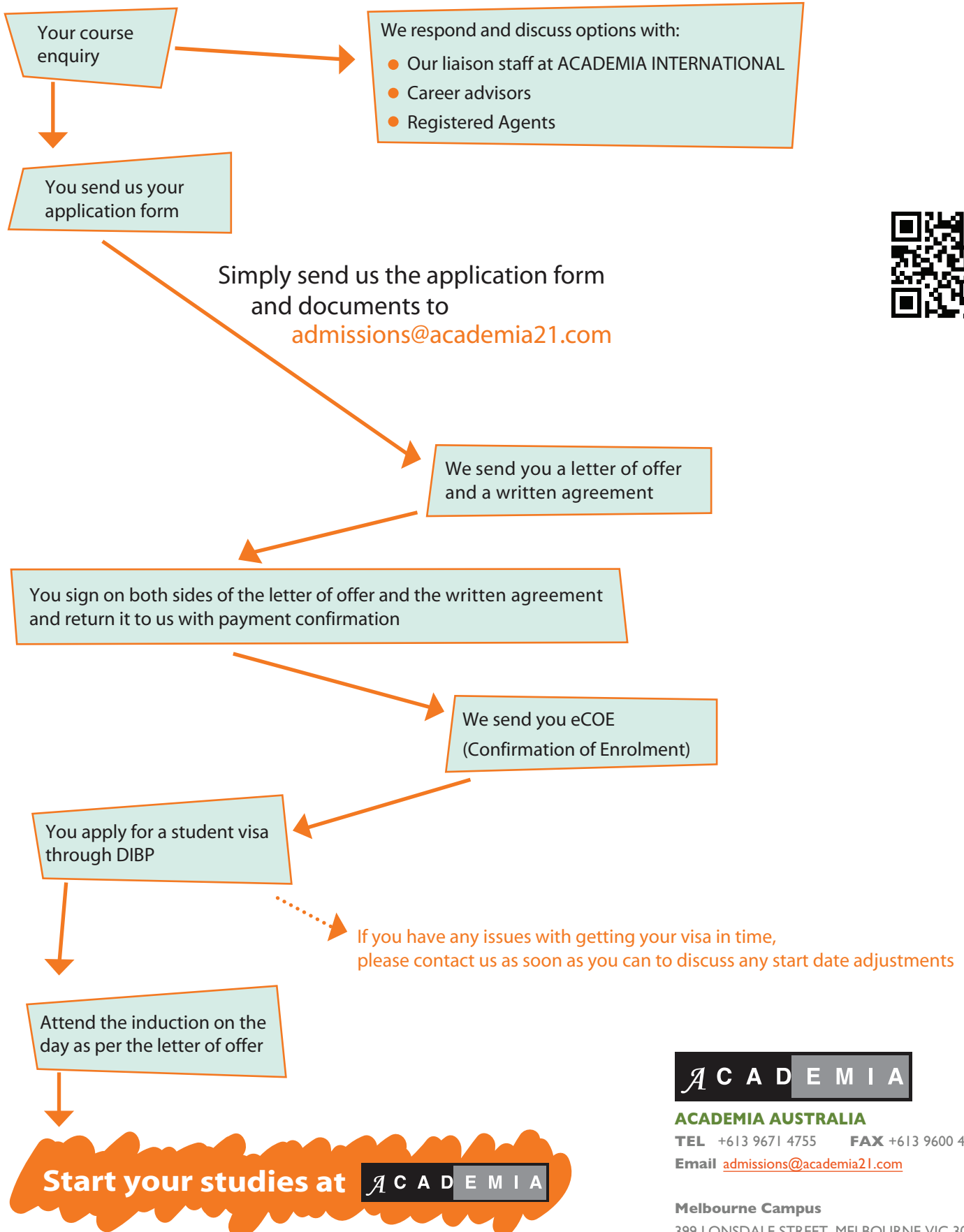
Once Academia International receives this form, we will issue a Letter of Offer and a Written Agreement which will include an invoice listing the costs of your selected course(s).

I declare and understand that if I have withheld any personal information that is material to my application or provided any fraudulent personal information regarding prior Visa History then I forfeit any rights to a refund of monies paid to Academia Australia.

Student Signature: _____ Date: / /
DD/MM/YYYY

INTERNATIONAL STUDENT APPLICATION PROCESS

www.academia21.com



Simply send us the application form and documents to admissions@academia21.com

ACADEMIA

ACADEMIA AUSTRALIA

TEL +613 9671 4755 FAX +613 9600 4390

Email admissions@academia21.com

Melbourne Campus

399 LONSDALE STREET, MELBOURNE VIC 3000

Brisbane Campus

41 RAFF STREET, SPRING HILL QLD 4000

Start your studies at **ACADEMIA**