

# Swinburne University of Technology

## Offshore Course Application Form



### SECTION A: PERSONAL DETAILS

PRINT YOUR NAME AS IT APPEARS IN YOUR ID CARD/PASSPORT. Please use BLOCK CAPITALS.  
All fields must be completed.

Contact details		
Title:	Gender:	Date of birth:
Family name:		
Given names:		
Personal email address:		
Mobile phone:	Home phone:	
Have you previously applied or attended Swinburne University of Technology? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please enter your Swinburne student ID (if known):		

Permanent home address	
Street address:	
City:	State:
Postcode:	Country:

Contact/postal address	
Same as permanent home address	
Street address:	
City:	State:
Postcode:	Country:

Citizenship	
Country of Citizenship:	
Country of Birth:	
ID Card/Passport Number:	Date of issue:

Disability						
Do you have a disability, impairment or long-term medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Tick one or more of the following:						
Hearing/Deaf <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Mobility <input type="checkbox"/>	Learning <input type="checkbox"/>	Visual <input type="checkbox"/>	Mental Illness <input type="checkbox"/>	Medical Condition <input type="checkbox"/>
<p>Providing information about a disability or medical condition will not disadvantage your application. However, the University needs to assess if it can make reasonable adjustments to accommodate your disability or medical condition in order to advise you appropriately. In some cases, the support required may be at a cost to you.</p>						

**SECTION B: COURSE PREFERENCES**

Please list up to three course preferences below:

	Course Name	Major	Location
1.			
2.			
3.			

Are you applying for Cross Institutional Study?  Yes  NoIf **Yes**, please list units below:

1.	
2.	

**SECTION C: ENGLISH LANGUAGE PROFICIENCY**Have you taken an English Proficiency Test within the last 2 years? Yes  No 

If yes, please attach a certified copy of your results, or submit it immediately when available.

Name of Test	Result Achieved	Date of Test
IELTS		
TOEFL iBT		
Pearson Test of English (PTE)		
Other:		

**SECTION D: PREVIOUS STUDIES****Are you currently studying?** Yes  No 

If you are currently studying, attach documentation of all results and qualifications received to date.

Name of qualification or examination:	
Institution:	State:
Country:	Commencement date:
Will you complete these studies prior to commencing at Swinburne? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date final results are expected:	

**Tertiary and secondary studies**

Provide documentation of all results and qualifications for both complete and incomplete studies. List your most recent qualification first.

Name of qualification:		
School / Institution:	Country / State:	
Language of instruction:	Commencement date:	Completion date:

Name of qualification:		
School / Institution:	Country / State:	
Language of instruction:	Commencement date:	Completion date:

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School / Institution:	Country / State:	
Language of instruction:	Commencement date:	Completion date:

### SECTION E: APPLICANT'S DECLARATION

#### APPLICANT DECLARATION

I declare that the information submitted with this application is true and complete. I further declare that any academic results submitted are a complete record of all results I have obtained from every education institution I have attended.

I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.

I authorise the University to seek verification of my academic and professional qualifications and work experience.

I understand that the University reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.

I understand that at the time of enrolment I may be required to supply originals of all documents used to support this application or at any given time throughout my enrolment.

I acknowledge that the University reserves the right to alter any course; unit; admission requirement or fee without prior notice.

I understand that the personal information I have provided may be released to government agencies as required by law.

I further understand that it may be disclosed to third parties for the purpose of progressing my application.

I acknowledge that I have read and understand the description of the course/s that I am applying for on Swinburne's website.

I understand that if I decide to transfer to Swinburne University of Technology in Melbourne or Sarawak, my application will be assessed according to Australian or Malaysian Government visa regulations and the University has no control over visa decisions made by the Australian or Malaysian Government.

Signature of applicant:	Date:
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