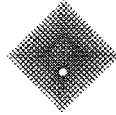


STUDY ABROAD APPLICATION FORM



**VICTORIA
UNIVERSITY**

**A NEW
SCHOOL OF
THOUGHT**

- All documents must be certified by a recognised authority (i.e. school, university, Victoria University representative).
- This form should not be used by permanent residents or citizens of Australia or citizens of New Zealand.
- There is no application or enrolment fee for the Study Abroad Program.
- The Study Abroad Program costs **AUD \$7,500.00** per semester.

Representative Stamp

CIS-SWEDEN
STAMPGATAN 20
411 01 GOTHENBURG

VU'S REGISTERED REPRESENTATIVE CONTACT DETAILS CAN BE VIEWED AT:
WWW.VU.EDU.AU/INTERNATIONAL
CRICOS PROVIDER NO.: 00124K

VU STUDENT ID (if applicable):

PERSONAL DETAILS

Mr/Mrs/Miss/Ms/Family Name (as stated in passport):

Given Name (as stated in passport):

Gender (M/F): Date of birth (day/month/year): Country of Birth:

Citizenship (as stated in passport): Passport No.:

Please attach a photocopy of the photo ID page from your passport.

ADDRESS FOR CORRESPONDENCE:

Number and Street:

Suburb or Town: State/Province:

Postcode/Zip code: Country: Ph: Fax:

Email:

PERMANENT HOME ADDRESS (IF DIFFERENT FROM ABOVE):

Number and Street:

Suburb or Town: State/Province:

Postcode/Zip code: Country: Ph: Fax:

Email:

DURATION OF STUDY PROGRAM: One Semester One Year

SUBJECT PREFERENCE

List your preferred subjects of study, campus and commencing semester. Subject codes and titles must be written in full. Visit WWW.VU.EDU.AU/HANDBOOKS for a listing of subject names and codes. Please check the prerequisites of any subject you nominate. Select four subjects and two alternate subjects.

	Subject Name	Subject Code	Campus Code	Commencing Semester and Year
Example:	History 1a-Australian History: 19th Century	AAH1007	FP	1-2007
1st Preference				
2nd Preference				
3rd Preference				
4th Preference				
5th Preference				
6th Preference				

VISA STATUS

Are you currently in Australia? Yes No

If yes, please indicate: Visa type (i.e. student, tourist, etc.):

Visa No.: Expiry date (day/month/year):

CURRENT STUDIES IN YOUR HOME COUNTRY

Are you currently enrolled in a university degree or other post secondary program?

Institution: Country:

Degree Program: Major field of study:

PREVIOUS STUDIES

Please provide the details below:

Highest level of education completed (i.e. high school or tertiary):

School/Institution:

Country/State:

Date commenced (day/month/year)

Date completed (day/month/year)

ENGLISH LANGUAGE PROFICIENCY

You must provide documentary evidence of your English language proficiency to meet Victoria University's English language requirements. Please tick appropriate boxes.

1. English is my first language Yes No2. I have sat an IELTS test Yes No (attach results)3. I have sat a TOEFL test Yes No (attach results) I am completing/have completed an ELICOS course.

Please indicate name of institution:

Date (from-to):

Would you like to study English at Victoria University prior to commencing your academic course? Please tick appropriate box. Yes No**DISABILITIES**Do you have a disability for which additional assistance is required? (Please tick appropriate box) Yes No

If yes, please attach a separate sheet outlining this disability.

GUARDIAN ARRANGEMENTSAre you under 18 years of age? (Please tick appropriate box) Yes No**DECLARATION**

I, _____
 (Applicant's full name in BLOCK LETTERS and if the student is under 18 years of age parent/guardian's full name)

- declare that the information and supporting documentation provided is true and complete. I acknowledge that Victoria University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information;
- understand and accept that I must abide by all terms and conditions of my visa;
- am able to make appropriate arrangements to fund my studies;
- have read, understood and agree to be bound by the university's refund policy and conditions (available in the Study Abroad Guide);
- am fully responsible for my educational and living expenses while studying at Victoria University;
- agree to advise the University within seven days if any subsequent changes to my residential address;
- authorise Victoria University to obtain further relevant documentation if necessary;
- authorise the University to provide the Commonwealth, State agencies and approved Victoria University's representatives information about my address and details of enrolment;
- understand that any school-aged dependants accompanying me to Australia will be required to pay full fees if they are enrolled in a school in Australia; and
- have read, understood and accept the above conditions.

Signature of applicant: X

Date:

Signature of parent/guardian (for student under 18 years of age): X

Date:

APPLICATION CHECKLIST:**IMPORTANT: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Have you:

 Completed all sections of this application? Signed and dated the declaration? Enclosed certified copies of academic transcripts and award certificates and, where appropriate, certified English translation of academic records? Where appropriate, enclosed certified copies of English language test scores**SEND YOUR APPLICATION TO:****POSTAL ADDRESS:**

Victoria University International
 City Flinders Campus
 PO Box 14428
 Melbourne Victoria 8001
 AUSTRALIA

STREET ADDRESS:

Victoria University International
 City Flinders Campus
 Level 3, 301 Flinders Lane
 Melbourne Victoria 3000
 AUSTRALIA

Phone 61 3 9919 1296 / 1319**Fax** 61 3 9919 1009**Email** EDUCATIONABROAD@VU.EDU.AU

WWW.VU.EDU.AU/INTERNATIONAL/STUDYABROAD

CRICOS Provider Code: 00124K