

Application for admission to a Postgraduate Coursework Degree

PERSONAL DETAILS										
Family Name					Title e.g. Mr/Mrs/Dr					
Given Names					Male <input type="checkbox"/> Female <input type="checkbox"/>					
Permanent address in home country										
Telephone number in home country										
Fax number in home country										
Address (where we can contact you about your application). If applying through an agent, please put the agent's details here.										
AA Education Network Email: info@aa-education.com Web: www.aa-education.com										
Country in which you are submitting this application										
Telephone			Mobile/Cell Phone			Fax				
Email (Where we can contact you about your application)										
Date of Birth		Day		Month		Year				
Citizenship					Country of Birth					
Do you hold a current Australian visa?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, please give category of visa			
Will you be bringing family members on a dependant student visa?					<input type="checkbox"/> Yes		<input type="checkbox"/> No			
ENGLISH LANGUAGE PROFICIENCY										
English is the main language spoken in my home					<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If no, please indicate language										
<input type="checkbox"/> I will have / or have taken an		<input type="checkbox"/> IELTS test		<input type="checkbox"/> TOEFL test		within the past two years (please tick appropriate box)				
on		Day		Month		Year		Please attach original documentation		
<input type="checkbox"/> I have undertaken studies (secondary/high school/university) for a minimum of two years in which the language of instruction was English. <i>Please attach documentary evidence.</i>										
PREFERRED DEGREE										
<input type="checkbox"/> Masters Degree		<input type="checkbox"/> Graduate/Postgraduate Diploma		<input type="checkbox"/> Graduate/Postgraduate Certificate		<input type="checkbox"/> Graduate Certificate/Diploma of Research Methods				
Name of Degree (1st choice)										
Major (if applicable)										
Name of Degree (2nd choice)										
Major (if applicable)										
I wish to study at (tick one only)			<input type="checkbox"/> Townsville		<input type="checkbox"/> Cairns		<input type="checkbox"/> Brisbane		<input type="checkbox"/> Singapore	
PLEASE NOTE: NOT ALL PROGRAMS ARE AVAILABLE AT ALL CAMPUSES.										
When would you like to start your studies?										
Townsville or Cairns		Teaching Period (semester)		<input type="checkbox"/> One (February)		<input type="checkbox"/> Two (July)		Year		
Brisbane or Singapore		Trimester		<input type="checkbox"/> One (March)		<input type="checkbox"/> Two (July)		<input type="checkbox"/> Three (October/November)		
								Year		

EDUCATIONAL QUALIFICATIONS

NAME OF SCHOOL OR INSTITUTION	NAME OF QUALIFICATION OR DEGREE	YEARS ATTENDED (MONTH/YEAR TO MONTH/YEAR)	COURSE COMPLETED (YES/NO)

Please attach certified copies of transcripts of all academic records. (A certified copy means a stamped photocopy signed by a public notary or institution representative or authorised JCU agent as being a true and accurate record of the original document). All documents must be translated into English by the issuing institution or by an official translating service.

CREDIT FOR PREVIOUS STUDY

Are you applying for credit for previous studies? Yes No

If yes, please attach the course syllabus for each of the subjects you wish to seek credit for. If your educational institution has an articulation agreement with JCU, you are not required to submit this documentation.

FINANCIAL SPONSOR

I am being sponsored by the organisation whose details are attached. **Attach official letter to application.**

Other

None

DECLARATION

DECLARATION (All applicants must complete)

I declare that the information I have supplied on the application form is, to the best of my knowledge, complete and correct. I acknowledge that my application for admission is subject to acceptance by the University which has power to impose conditions. I further acknowledge that in the event my application for admission as a student at the University is accepted by the University, and in consideration of provision of educational resources by the University, I will be bound by the provisions of the relevant student handbooks, statutes, rules and policies of the University as are in force from time to time, and will be subject to the lawful instructions of officers of the University.

PRIVACY

Personal information supplied on this form will be handled in accordance with JCU's Privacy Policy (available at www.jcu.edu.au).

I acknowledge that this information may be provided to other areas of JCU and to third parties for administrative and legislative purposes (under the ESOS Act 2000 and the National Code), including but not limited to the JCU Student Association; JCU's educational representatives and business partners; Australian Commonwealth and State agencies; other academic institutions to verify my previous qualifications; the Fund Manager of the ESOS Assurance Fund; and my Overseas Student Health Cover (OSHC) provider.

Signature

Date

Please send all completed forms to

AA Education Network

26 Kooronga Avenue, Cleveland
QLD 4163

Telephone: +61 7 3488 2916
Email: info@aa-education.com
Web: www.aa-education.com

