

INTERNATIONAL STUDENTS APPLICATION FORM

(This form to be used for WA-based on-campus study only)*

Please check one of the following:

- If this is your first application If you have received an offer but wish to change your course

Name and contact information

Student number (if applicable)

1. Family Name: _____

2. Given Name: _____ Preferred Name: _____

3. Correspondence Address: _____

Telephone: (Country Code) _____ (Area Code) _____ (Phone No) _____

Mobile: _____ E-mail: _____

Facsimile: (Country Code) _____ (Area Code) _____ (Phone No) _____

4. Home Country Address: _____

Telephone: (Country Code) _____ (Area Code) _____ (Phone No) _____

Facsimile: (Country Code) _____ (Area Code) _____ (Phone No) _____ E-mail: _____

5. Date of Birth:

6. Sex: Male Female

7. Country of Birth: _____

8. Nationality/Citizenship: _____

Proposed program

Undergraduate Postgraduate

9. Commencement Year: _____ Semester 1 (Feb) Semester 2 (July)

10. Course Preferences:

1st Preference: _____ Course Code: _____ Major: _____

2nd Preference: _____ Course Code: _____ Major: _____

English language proficiency

11. What is the main language spoken in your home? _____

12. Please provide proof of competence in English Language. You must attach certified evidence to show that your English ability meets our requirements, e.g. IELTS or TOEFL; GCE O Level; Cambridge English 1119.

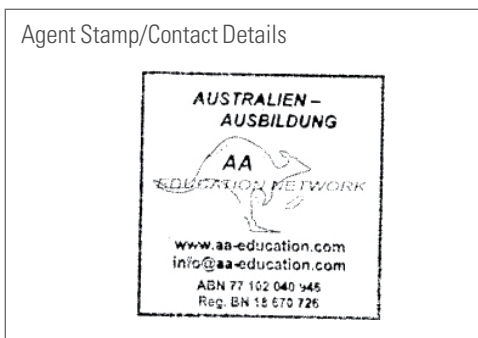
Have you completed a degree or other tertiary qualification in English? Yes No

Qualifications

13. Please attach certified copies of all academic records. A certified copy is a photocopy stamped and signed by a public notary or education institution representative.

Please list all qualifications obtained starting from your final secondary year.

Name of Institution	Name of Award	Course Duration	Years Attended From/To	Completed Y/N
			/	
			/	
			/	
			/	



Other information

14. Work Experience: Please list any relevant work experience.

Employer	Position	Years of Service

15. Disability Declaration: Do you have a disability or any long term medical condition which may effect your studies? Yes No

If yes please indicate the area of impairment to enable the University to provide assistance:

Hearing Learning Mobility Vision Medical

Other: please indicate _____

16. Home Country Emergency Contact

Title: _____ Family Name: _____ Given Name: _____ Relationship: _____

Telephone: _____

Address: _____

17. Do you permit ECU to provide information to your nominated sponsor/guardian or scholarship body? Yes No

Release of Academic Results

18. If your application for direct entry into ECU is unsuccessful, it may be possible for you to be admitted to a course at a pathway college associated with ECU. Successful completion of a qualification at the college is an alternative entry pathway into ECU.

Would you like us to pass your application to be considered for entry into a pathway course? Yes No

19. **Master or Doctor of Philosophy programs involving research and a thesis must attach:**

- A brief outline of the research topic you wish to undertake (1-2 pages in length)
- Copies of any published papers or journals – if available
- 2 Academic Referees Report – forms are available on the ECU website: www.research.ecu.edu.au/grs/prospective/international/php

20. Declaration

- I hereby certify that the information provided by me is complete and correct. I agree that ECU may, if necessary verify all details provided including my educational qualifications.
- I acknowledge that ECU reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me.
- I authorise the University to use this information in accordance with the principles of the national Privacy Act. If any information I provide is incorrect, untrue or incomplete, I authorise the University to disclose this information and the fact that it is untrue or incomplete to any authority that the University considers necessary or desirable to inform.
- Information supplied in this form may be made available to the Commonwealth and State agencies, pursuant to obligations under the ESOS Act 2000 and the National Code.
- I accept that the information supplied in this application may be made available to the overseas student health cover (OSHC) provider for administrative purposes.
- If I subsequently accept an offer and enrol in the course I have applied for, I hereby agree that I will observe the Statutes, By-laws and regulations of Edith Cowan University. (This is available in the reference sections of all campus libraries.)
- I accept sole responsibility and hereby declare that the University will be in no way liable for any breach by me of licences and/or agreements covering the use of software or for breach by me of any relevant provisions of the Copyright Act 1968.
- I consent to receiving information electronically and agree to access the contents of my Edith Cowan University e-mail account on a regular basis.

Student Signature: _____ Date: _____

21. How did you hear about ECU? Agent Name: **AA Education Network** Newspaper/Magazine Advertisement Friends/Family

Internet: please list main website _____ Other: _____

Please submit: 1. Application Form
2. Certified Academic Documents
3. Certified English Proficiency Documents

AA Education Network
26 Koorringa Avenue, Cleveland
QLD 4163
Telephone: +61 7 3488 2916
Email: info@aa-education.com
Web: www.aa-education.com

There is no university application fee payable.

The ECU Fees refund policy is available online at www.ecu.edu.au/international/admissions/fees.html