

1. Agent Details

I hereby nominate the below Agent to submit this application to the University of South Australia on my behalf including all necessary documents, and to act as my representative for all future correspondence.

Name of agent	GOstralia!
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Hamburg <input type="checkbox"/> Berlin <input type="checkbox"/> Dortmund

2. Applicant Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Family name	
Given name	
Middle name(s)	
Preferred Name	
Date of birth	___/___/_____ (dd/mm/yyyy)
Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Citizenship	
Country of Birth	
Passport number	
Which country are you applying from?	
Have you previously attended UniSA?	<input type="checkbox"/> No <input type="checkbox"/> Yes, ID: _____
Do you have a disability or ongoing medical condition that will require you to seek special assistance from the University?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ _____

3. Contact Details

E-mail address	
Mobile phone	(+___)
Home phone	(+___)
Country	
Street name & number	
City	
State/Province	
Postcode	

4. Program Selection

Proposed study level	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master
Proposed program	
Program code	
Plan Code & Title	
Campus	<input type="checkbox"/> City West <input type="checkbox"/> City East <input type="checkbox"/> Magill <input type="checkbox"/> Mawson Lakes
Proposed start date	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____
Proposed program (2 nd pref)	
Program code (2 nd pref)	

5. Visa Details

Do you currently hold an Australian Visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Have you ever had a visa refused, cancelled or overstayed your visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Have you ever been excluded from an Australian University?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Do you intend to apply for a Student Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Secondary Education (High School Studies)

Qualification (Abitur/ FH-Reife/ etc.)	
Country	
Name of school	
Language of instruction	
Have you completed high school studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start date	___/_____(mm/yyyy)
End date	___/_____(mm/yyyy)

7. Tertiary Education (University, etc)

Are you currently studying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Country	
Name of institution	
Language of instruction	
Start date	___/_____(mm/yyyy)
End date	___/_____(mm/yyyy)
Have you already completed another tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Country	
Name of institution	
Language of instruction	
Start date	___/_____(mm/yyyy)
End date	___/_____(mm/yyyy)

8. Advanced Standing /Credit

Do you wish to have any previous studies considered for advanced standing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. English Language Qualification

All applicants are required to provide evidence of their proficiency in the English language.

What is your first language?	
Have you sat/will you sit an English language test?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which test?	
Test date	___/___/_____ (dd/mm/yyyy)
Test score overall (if available)	
Test score subcategories (l/r/w/s)	
Test Reference Number	

10. Overseas Student Health Cover (Insurance)

Do you want UniSA to organise OSHC on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will need cover for	<input type="checkbox"/> myself <input type="checkbox"/> me and my partner <input type="checkbox"/> me, my partner & my children

11. Financial Support

Have you applied for a scholarship?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
I will receive the following scholarship	

12. Declaration and Signature

I declare that the information provided by me in this application is true and accurate to the best of my knowledge. I agree to tell the University of South Australia immediately if there is any change to the information I have given in this application. I have read and understood the University's Guidelines on Payment and Refund of Fees for International Students set out at www.unisa.edu.au/Study-at-UniSA/International-students/Forms/

I confirm I have sufficient financial resources to pay for travel, tuition and living expenses for myself and any dependants for the duration of my stay in Australia. I understand that if I obtain work in Australia this is considered an opportunity for social interaction and not as a source of income. I am a genuine student and I intend to obtain a successful education outcome and stay in Australia temporarily.

I authorise the University of South Australia to make enquiries and obtain information and my official records from third parties including but not limited to the Department of Immigration and Border Protection, government bodies, educational institutes previously attended by me, former or current employers and financial institutions. I understand that the University may release my personal information to the University's partner educational institutions, government departments or any other relevant bodies for verification and assessment. I

understand that any information obtained will be kept on record and considered when assessing my application for entry into the program.

I understand that the University of South Australia may vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, incomplete or fraudulent information or documentation. I understand the University of South Australia reserves the right to inform other institutions and the relevant government departments of the provision of any such fraudulent documentation or information.

I agree that if I do not meet the entry requirements for the program I have applied for that I can be considered for an alternative program at the University of South Australia and may have my application forwarded to University's partner pathway provider the South Australian Institute of Business and Technology (SAIBT).

I acknowledge that the documents submitted with my application become the property of the University and will not be returned to me.

Signature _____ **Date** _____ (dd/mm/yyyy)