



APPLICATION FOR ADMISSION TO A POSTGRADUATE RESEARCH DEGREE



**Indo-Australian
Education Centre**

Suite - 908, Level - 9,
365 Lt Collins Street, Melbourne,
Victoria 3000, Australia.


Phone: +61 3 9670 1140

Fax: +61 3 9670 1142

Email: iaec@optusnet.com.au

THIS IS A FILLABLE PDF APPLICATION FORM. PLEASE COMPLETE AND SUBMIT.

PERSONAL DETAILS

Family Name					Title
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 applying through an agent, please put the agent's details here.)	 Indo-Australian Education Centre Suite - 908, Level - 9, 365 Lt Collins Street, Melbourne, Victoria 3000, Australia. Phone: +61 3 9670 1140 Fax: +61 3 9670 1142 Email: iaec@optusnet.com.au				
Telephone		Fax			
Email (Where v					
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	<i>Please attach original documentation</i>	
<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"/> Master	<input type="checkbox"/> Doctorate				
Name of Degree (1st choice)					
Study Area					
Name of Degree (2nd choice)					
Study Area					
I wish to study at (tick one only)	<input type="checkbox"/> Townsville	<input type="checkbox"/> Cairns			
When would you like to start your studies?	Month	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.

TITLE OF PROPOSED STUDY Please attach a two-page outline of your research topic. You should consult a member of JCU staff prior to doing this. A list of potential research topics can also be found at www.jcu.edu.au/office/grs/rtopiclist.html

DETAILS OF RESEARCH EXPERIENCE Please provide a list of projects undertaken, your role and the time frame of the project. Please attach the resultant publication list including theses/dissertation reports on a separate sheet. (A Curriculum Vitae (CV) or Resumé is acceptable).

JCU ACADEMIC CONTACTS Please list the JCU academic contact/s with whom you have discussed your research proposal.
Note: It is essential that you contact an academic supervisor in your proposed area of research prior to submission of your application.

FINANCIAL SPONSOR

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

I have applied for a scholarship. Give name of scholarship and awarding body.

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

I understand that information contained on this form is collected for enrolment and administrative purposes, and that some information may be released to the JCU Student Association for administrative and electoral purposes. Personal information will not be passed on to any other external bodies without my authorisation unless a valid legal request has been made.

Note: Information provided may be made available to Australian Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and the National Code.

Signature

Date

If using a free email account (ex. hotmail, yahoo) you will need to save this PDF to your desktop and attach it before emailing it to iscadmissions@jcu.edu.au. You may also print this form and fax it to +61 7 4781 5988.

SUBMIT THIS FORM

Please send all completed forms to one of the following JCU locations, or to one of JCU's approved representatives, listed online at: www.isc.jcu.edu.au/agents.cfm

TOWNSVILLE AND CAIRNS CAMPUSES

International Student Centre
James Cook University
Townsville QLD 4811
Australia
Phone: +61 7 4781 5601
Fax: +61 7 4781 5988
Email: iscadmissions@jcu.edu.au
researchstudent@jcu.edu.au



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