

INTERNATIONAL STUDENT APPLICATION FORM



Please read this application carefully, complete all sections and ensure all certified copies of your academic transcripts and English language assessments are attached.

Section A: PERSONAL DETAILS

Family name _____

Given name _____

Date of birth _____ Sex F M

Nationality _____ Country of birth _____

Postal address _____

Home address _____

Telephone _____ Facsimile _____

Email _____ Passport Number _____

Have you previously been enrolled at Chisholm? YES / NO If "No", **go to next question**

_____ If "Yes", provide your student ID: _____

Are you currently studying in Australia? YES / NO If "No", **go to next Section B**

What type of Visa do you have? e.g. (Student/Visitor) _____

When does your visa expire? (Must provide a copy of your Visa) (dd / mm / yyyy)

The expiry date of Overseas Student Health Cover (dd / mm / yyyy)

Please provide a copy of the first page of your passport

Section B: HOW DID YOU FIND OUT ABOUT CHISHOLM?

Relative / friend Chisholm Official Representative

Internet



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

Section C: COURSE PREFERENCE

Course applying for _____

Commencing semester and year (eg February 2007) _____

Where a course is offered at more than one campus, please indicate your preference

Berwick Dandenong Frankston Cranbourne Others

I wish to apply for a package offer with _____

Section D: ENGLISH LANGUAGE PROFICIENCY

English was the language of instruction YES / NO If "Yes" please attach documents to prove this If "No", **go to next question**

Completed Advanced level of ELICOS from (name of School) _____

Have you taken IELTS test before? If "Yes" please provide the information below If "No", **go to section E**

Date of test (dd / mm / yyyy) Overall Score: _____

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Section E: ELICOS PROGRAMS

If no English Language Proficiency proof can be identified, please indicate how many weeks you wish to study ELICOS

5 Weeks 10 Weeks 15 Weeks 20 Weeks others

Section F: QUALIFICATION/ACADEMIC RECORDS

Please provide details and documentation of all qualifications. Documents not in English must be accompanied by certified translations.

	Secondary studies	Senior Secondary studies	Bachelor Degree	Other
Name of qualification				
Year completed				
School/University				
Country				
If not completed are you awaiting results?	Yes/No	Yes/No	Yes/No	Yes/No

If yes, please indicate the date the results will be available and the name of the examination.

Section G: WORK EXPERIENCE/RELEVANT EMPLOYMENT HISTORY

Name of Employer	Position	Date of Employment

Section H: AIRPORT PICK-UP AND ACCOMMODATION SERVICES

I require airport pick-up (seven days notice required)

I require assistance with accommodation (Homestay)

PLEASE CHECK THE FOLLOWING LIST

All questions were answered

Attached all necessary documents

Signed and dated

Guardian signed (if you are under the age of 18)

DECLARATION AND SIGNATURE

I agree to the terms and conditions of enrolment and will abide by the class attendance and academic performance requirements.

I understand Chisholm has a duty to inform DIAC of any changes to my enrolments and any breaches of my visa conditions as outlined in the ESOS Act 2000 and National Code 2007 Institute.

I have read and understand the information regarding to payment of tuition fees, refund policy, personal information, change of address, grievance procedure and other requirements stated in the in the handbook; and I certify that my documentation as supplied is correct.

Signed (Applicant)

Date

Signed (Guardian) for under 18 applicant

Date

Send this application to: International Student Programs Office, Chisholm Institute,
PO Box 684 Dandenong Victoria 3175 Australia
or fax +61 3 9212 5374 or email international.admissions@chisholm.vic.edu.au


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