application form

Please return your completed application form, documentation and application fee to: Institut Ranke-Heinemann Schnutenhausstrasse 44 46136 Essen Deutschland Tel: 0049-201-252552 Info@aranke-heinemann.de www.ranke-heinemann.de www.ranke-heinemann.de www.ranke-heinemann.de www.ranke-heinemann.de Institut Ranke-Heinemann Institut Ranke-Heinemann.de www.ranke-heinemann.de Institut Ranke-Heinemann.de www.ranke-heinemann.de Institut Ranke-Heinemann.de www.ranke-heinemann.de Institut Ranke-Heinemann Institut Ranke-Heinema

N FEE PAYMENT	THIS SECTION MUST BE COMPLETED				
	STUDENT ID (OFFICE USE ONLY)				
	PAYMENT (TICK ONE): CHEQUE MONEY ORDER BANK DRAFT VISA MASTERCARD				
	FOR PAYMENT BY VISA / MASTERCARD:				
	CARD NUMBER	EXPIRY DATE / YY			
ATIO	CARDHOLDER'S NAME	SIGNATURE			
LIC	FOR PAYMENT BY MONEY ORDER, CHEQUE OR BANK DRAFT:				
АРР	PLEASE ATTACH PAYMENT TO YOUR APPLICATION FORM.	TOTAL AMOUNT \$60.00 (AUD)			
	PLEASE MAKE PAYABLE TO 'FLINDERS UNIVERSITY'.	. ,			
	ALL CHEQUES, MONEY ORDERS AND BANK DRAFTS IN AUSTRALIAN DOLLARS (AUD) ONLY				

Office Use Only Date Received

FLINDERS UNIVERSITY

Postgraduate Application Form

If you are a citizen of Australia or New Zealand or you have Australian Permanent residency - DO NOT USE THIS FORM

EDUCATIONAL AGENTS	AGENT STAMP FIGURE PORTER PORTON FIGURE PORTON FIGURE PORTER PORTON FIGURE
EDI	AGENT EMAIL CONTACT info@ranke-heinemann.de wien@ranke-heinemann.at

Please write clearly in capital letters
We may contact you by post, email or telephone so it is important that you complete all your details. If you apply through an agent, please ensure your own contact details, including your email address, are provided. These should be different to those of your agent.

	HAVE YOU PREVIOUSLY APPLIED TO FLINDERS UNIVERSITY?		YES	NO						
	IF YES, PLEASE GIVE YOUR STUI	DENT NUMBER								
	FAMILY NAME									
	GIVEN NAME									
	TITLE (TICK BOX)		MR	MRS	MS	MISS	DR OTHER			
	GENDER		М	F						
	DATE OF BIRTH		DAY	/ MON	TH /	YEAR				
	FULL NAME AS IT APPEARS ON PASSPORT									
PERSONAL DETAILS	CITIZENSHIP									
	COUNTRY OF BIRTH									
J J P I	APPLICANT'S ADDRESS IN HOM	ME COUNTRY								
PERSON										
							STATE			
	COUNTRY				POSTCODE					
	TELEPHONE NUMBER				FAX					
	MOBILE NUMBER									
	EMAIL*									
	*This is important as all correspondence will be sent to you via email									
	APPLICANT'S ADDRESS IN AUS	TRALIA (IF ANY)								
							STATE			
	SUBURB						POSTCODE			
	TELEPHONE						FAX			
	MOBILE									
LITY	DO YOU HAVE A DISABILITY W	HICH REQUIRES SPECIAL CONSI	DERATION	?				YES	NO	
DISABILITY	REFER TO THE UNIVERSITY'S D									
	www.flinders.edu.au/ppmanu	al/EqualOpportunity/disability	.html							

 $Please\ refer\ to\ the\ Postgraduate\ Prospectus\ for\ details\ of\ courses\ (semester\ availability,\ entry\ requirements,\ prerequisites\ and\ study\ mode)$

	PREFERENCES	DEGREE TITLE	STREAM/MAJOR	SEMESTER 1 OR 2 START	YEAR TO START
NCES	1ST PREFERENCE				
FERE	2ND PREFERENCE				
E PRE	3RD PREFERENCE				
COURS	ARE YOU COMING TO	D AUSTRALIA TO STUDY?	YES NO		
Ö	IF NO, DO YOU WAN	T TO STUDY FULL TIME OR PART TIME			
	HAVE YOU APPLIED FOR A SCHOLARSHIP?		YES NO		
	IF YES, WHICH SCHO	ILARSHIP?			

FLINDERS UNIVERSITY

Postgraduate Application Form

Secondary and/or Tertiary courses
Please provide details of all secondary, university or other post-secondary courses you have completed or commenced. (Attach additional sheets if necessary)

	COURSE TITLE (EG. YEAR 12, BACHELOR OF ARTS)	NAME OF INSTITUTION	LANGUAGE OF INSTRUCTION	START YEAR	FINISH YEAR	COMPLETED? YES/NO
S						
NAL						
CATIC						
EDUCATIONAL QUALIFICATIONS						
Ū,						
	FOR CURRENT COURSE: DO YOU EXPECT TO CO	OMPLETE THIS COURSE?			YES	NO

Credit Transfer is a process which allows students to seek recognition for previous studies completed after high school. When we receive your credit transfer application we will compare the level and content of topics you have already completed with the syllabus and learning outcomes of topics in the Flinders' course you are about to undertake.

N S F E R	APPLICATIONS FOR CREDIT TRANSFER MUST BE ACCOMPANIED BY:				
	• AN OFFICIAL TRANSCRIPT OF RESULTS FROM PREVIOUS STUDIES				
	• A COPY OF THE SUBJECT DESCRIPTION FOR EACH SUBJECT AT THE TIME STUDIES WERE TAKEN (INCLUDING COURSE DESCRIPTION, NUMBER OF CONTACT HOURS,				
	ASSESSMENT METHOD (EXAMINATIONS, ASSIGNMENT, PRACTICAL ETC) LANGUAGE OF INSTRUCTION AND FINAL ACADEMIC SCORE)				
RAN	• IF SUBJECT DESCRIPTIONS ARE IN A LANGUAGE OTHER THAN ENGLISH, PLEASE SUPPLY TRANSLATIONS				
⊢ ⊢	STUDENTS MUST NOT CONSIDER EXEMPTIONS GRANTED UNTIL OFFICIAL NOTIFICATION FROM FLINDERS UNIVERSITY IS RECEIVED. REFER TO THE UNIVERSITY				
ED	POLICY ON CREDIT TRANSFER AT www.flinders.edu.au/ppmanual/student/SecA.htm				
CR					
	ARE YOU SEEKING CREDIT TRANSFER FOR YOUR PREVIOUS POST-SECONDARY STUDIES?	YES NO			

Do not complete the section below if you are a distance student

	ARE YOU CURRENTLY IN AUSTRALIA?	YES NO NO
	IF YES, STATE VISA TYPE (STUDENT/VISITOR ETC)	
	IF YES, AT WHICH INSTITUTION ARE YOUR CURRENTLY STUDYING?	
S7I	VISA EXPIRY DATE	
DETA	WILL YOU BE APPLYING FOR A STUDENT VISA TO STUDY AT FLINDERS?	YES NO NO
VISA [IF YES, ANSWER THE FOLLOWING:	
>	A) ARE YOU LODGING YOUR STUDENT VISA APPLICATION IN AUSTRALIA?	YES NO NO
	IF YES, FROM WHICH STATE?	
	B) ARE YOU LODGING YOUR STUDENT VISA OUTSIDE AUSTRALIA?	YES NO NO
	IF YES, FROM WHICH COUNTRY?	
	PLEASE ATTACH A COPY OF THE RELEVANT PAGE OF YOUR PASSPORT	

Please only list the work history that is relevant to the degree(s) for which you have applied, attach additional sheets if necessary. Applications for courses that ask for relevant work experience as part of entry requirements will need to be supported by letters from your past employer(s) outlining your duties and verifying your period of employment. Attach your curriculum vitae.

TORY	OCCUPATION	EMPLOYER	YEARS EMPLOYED
HIS			
A E N T			
PLOYM			
EMF			

FLINDERS UNIVERSITY

Postgraduate Application Form

	IS ENGLIS	5H YOUR FIRST LANGUAGE?		YES NO (IF YES GO	TO NEXT SECTION)		
	ARE YOU CURRENTLY WAITING FOR ENGLISH LANGUAGE TEST RESULTS?		YES NO				
	PLEASE FILL OUT WHAT APPLIES TO YOU:						
ENC	FLLASLI	ILLOUT WHAT AFFELDS TO TOO:					
OFICI	IELTS	OVERALL SCORE: SPEAK	ING: WRITING:	READING:	LISTENING:	TEST DATE	
ENGLISH LANGUAGE PROFICIENCY	TOEFL	OVERALL SCORE: T	YPE OF TOEFL TEST: PBT	CBT iBT		TEST DATE	
UAG	TWE	OVERALL SCORE:					
ANG	GCE ORD	DINARY LEVEL ENGLISH GRADE				YEAR	
1 HS	COMPLETED AUSTRALIAN YEAR 12				YEAR		
NGL	PREVIOU	S TERTIARY STUDIES UNDERTAKEN IN E	NGLISH (MINIMUM OF 1 YEA	AR) IN AN ENGLISH SPEAKING COL	INTRY	YEAR	
	I WILL BE	STUDYING AT AN APPROVED ENGLISH	LANGUAGE PROVIDER (NOT	ALL ENGLISH LANGUAGE PROVIDE	ERS WILL BE ACCEPTED)	YES NO	
	FOR MOR	RE INFORMATION REGARDING APPROVE	ED ENGLISH LANGUAGE PRO	OVIDERS SEE www.flinders.edu.au/	'international		
	DEDENIDI	ENT INFORMATION:					
		in to bring your family/children with yo	u, please see the pre-depart	ure guide at www.flinders.edu.au	/international-students	s/predepartureguide	
	Refer to t	ONS RELATING TO INTERNATIONAL STU he University's full set of policies at wv	vw.flinders.edu.au/ppmanu	al/			
	and the F	Refund Policy at www.flinders.edu.au/p	pmanual/student/SecG.htn	nl			
	PROXY:						
	• IF YOU WISH SOMEONE ELSE CURRENTLY IN AUSTRALIA TO ENQUIRE REGARDING YOUR APPLICATION PLEASE SUPPLY THE FOLLOWING:						
	FULL NA	ME			DATE OF BIRTH		
	I AGREE:						
		MPLY WITH THE RULES ON ADMISSION A			V.E. C.N.(E.N.) IN T. U.S. A.D.	ICITION.	
		DRM THE INTERNATIONAL OFFICE IMMI D I SUBSEQUENTLY DECIDE TO CHANGI					
		_					
		• TO ALLOW FLINDERS UNIVERSITY PERMISSION TO CHECK MY VISA ENTITLEMENTS VIA DIAC'S ENTITLEMENT VERIFICATIONS ONLINE I UNDERSTAND THAT:					
z		• THE UNIVERSITY MAY OBTAIN OFFICIAL RECORDS FROM ANY INSTITUTION WHICH I HAVE PREVIOUSLY BEEN ENROLLED					
RATION	• THE UN	• THE UNIVERSITY MAY OBTAIN OFFICIAL RECORDS FROM ANY INSTITUTION WHICH HAVE PREVIOUSLY BEEN ENROLLED • THE UNIVERSITY MAY VARY OR CANCEL ANY DECISION IT MAKES IF THE INFORMATION I HAVE GIVEN IS INCORRECT OR INCOMPLETE					
٩RA	• THE UN	IIVERSITY NEED NOT RE-ENROL ME IF I I	DO NOT COMPLETE MY STUI	DIES SATISFACTORILY EACH YEAR			
CLA	• I AM FL	ILLY RESPONSIBLE FOR MY EDUCATIONA	AL AND LIVING EXPENSES W	HILE STUDYING AT THE UNIVERSIT	ΓΥ		
DE	• THE UN	• THE UNIVERSITY IS UNABLE TO PROVIDE ME WITH FINANCIAL ASSISTANCE IF I EXPERIENCE FINANCIAL DIFFICULTIES DURING THE COURSE OF MY STUDIES					
	I HAVE RI	I HAVE READ AND UNDERSTOOD THE CONDITIONS RELATING TO INTERNATIONAL STUDENTS SECTION OF THIS APPLICATION FORM					
	I CONSE	I CONSENT TO THE COLLECTION, STORAGE AND DISCLOSURE OF INFORMATION RELATING TO RECORD FALSIFICATION OR OTHER IRREGULAR ACTS IN ACCORDANCE					
	WITH AU	WITH AUSTRALIAN VICE CHANCELLORS' COMMITTEE PROCEDURES					
	I DECLAR	I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT:					
	SIGNED				DATE		
					ı		
⊢ 3	COMPLETED APPLICATION FORM, SIGNED AND DATED						
KLIST wing		ENGLISH LANGUAGE TEST RESULTS	(E.G. IELTS, TOEFL)				
CATION CHECKLIST provide the following,	riate:	ACADEMIC TRANSCRIPTS, INCLUDIN	NG GRADING SYSTEM (CER	RTIFIED TRUE COPIES)			
ON (as appropriate:	TRANSLATIONS OF YOUR ACADEMIC	QUALIFICATIONS (CERTII	FIED TRUE COPIES)			
CATI	asa	DETAILED COURSE OUTLINES OF PR					

*Certified true copies of originals are required of all official documents. Copies can be certified by any official agent of the University, the Australian Embassy, any officer of the Court such as a Justice of the Peace or a Commissioner of Oaths, or by the School or University where your study was completed.

COPY OF YOUR PASSPORT, IF AVAILABLE

APPLICATION FEE, AUD\$60