

Personal details

Family name:
Given names:
Preferred name:
Date of birth: / / (day/month/year)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Are you currently enrolled in another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a "letter of release".
Name of institution:

Contact details

(Must be applicant's contact details - not agent's)

Address in Australia (if known):
Address overseas:
Home telephone:
Mobile telephone:
Business telephone:
E-mail:
Country of birth:
Citizenship:
Passport number:
Are you a citizen or permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please apply using the application form for Australian citizens or permanent residents which can be found on the La Trobe Melbourne website www.latrobemelbourne.edu.au

Employment history

If you believe you have relevant employment experience, please attach details.

Program selection

Please indicate which program you are applying for:

La Trobe Melbourne program

Pre-university level – English Language programs
<input type="checkbox"/> General English (CRICOS: 011113M)
<input type="checkbox"/> Business English (CRICOS: 016963F)
<input type="checkbox"/> English for Further Studies (EFS /EAP) (CRICOS: 016959B)
<input type="checkbox"/> IELTS Preparation
<input type="checkbox"/> Professional Experience-Internship (up to 12 weeks, non-student visa holders only)
Weeks of study: <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 50 <input type="checkbox"/>
<input type="checkbox"/> Foundation Studies
When do you wish to commence the course? (see page 19)
Start Date: / / (day/month/year)
Do you intend, or have a conditional offer, to study at La Trobe University? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate
Name of course:

Education details

Secondary education – highest level achieved

Name of qualification (eg. Year 12, HKALE or 'A' Levels):
School attended:
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Country/State:
Language of instruction:

University level – Diploma programs

<input type="checkbox"/> Diploma of Business Administration (Standard) CRICOS: 029049M
<input type="checkbox"/> Diploma of Business Administration (Accelerated) CRICOS: 029048A
<input type="checkbox"/> Diploma of Information Technology (Standard) CRICOS: 034374M
<input type="checkbox"/> Diploma of Information Technology (Accelerated) CRICOS: 034373A
La Trobe Melbourne program commencement
Please indicate the year and trimester in which you wish to begin your studies. Year: <input type="text"/> <input type="checkbox"/> February <input type="checkbox"/> June <input type="checkbox"/> October

Proposed Bachelor of:

Tertiary and further education

Name of qualification:
Institution attended:
Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach certified copies of all academic transcripts or mark sheets.

Accommodation and airport reception

Do you want La Trobe Melbourne to arrange accommodation and airport reception for you? Airport reception is only available if accommodation is arranged through La Trobe Melbourne. <input type="checkbox"/> Yes <input type="checkbox"/> No
If you ticked "Yes" you will receive an email notification to book through the Student Portal.

Request for disability support

If you have any disability which may affect your learning (eg. vision, health, mobility), you should provide early advice so that La Trobe Melbourne and La Trobe University may assist you. Please attach additional information on a separate sheet.

International students only

English proficiency

IELTS band score:	
<input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> Overall
TOEFL score:	TWE:
Date obtained: / /	(day/month/year)

Overseas Student Health Cover (OSHC)

OSHC type:
<input type="checkbox"/> Single <input type="checkbox"/> Family
<input type="checkbox"/> Please tick if you do not want your e-mail address provided to the OSHC provider

If you are currently studying in Australia, please complete the following:

Visa Type:
Visa Expiry Date: / / (day/month/year)
OSHC provider's name:
Your membership number:
OSHC Expiry Date: / / (day/month/year)

Sponsored students only

Type of sponsorship (ie. tuition fees and/or living expenses):
Name of organisation sponsoring you:

Other information

How did you first learn about La Trobe Melbourne? You may tick more than one.
<input type="checkbox"/> Australian Education Centre in your home country
<input type="checkbox"/> Exhibition/Seminar
<input type="checkbox"/> Newspaper/Magazine
<input type="checkbox"/> Recommended by a friend/relative Is your friend/relative a La Trobe Melbourne student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Internet
<input type="checkbox"/> Recommended by an education agent
<input type="checkbox"/> Other
Please specify:

Disclaimer

I grant La Trobe Melbourne permission to provide my parent(s) or guardian(s), when requested, with any information pertaining to my application to study, ongoing academic progress, results and attendance.
<input type="checkbox"/> Yes <input type="checkbox"/> No

Application checklist

Check that you have:
<input type="checkbox"/> Completed all sections of the Application form
<input type="checkbox"/> Read and understood the Conditions of Enrolment including the Fee Refund Policy (on page 26) and on the La Trobe Melbourne website www.latrobemelbourne.edu.au
Check that you have attached:
<input type="checkbox"/> Certified copies of your academic qualifications
<input type="checkbox"/> Evidence of your English language ability if required
<input type="checkbox"/> A copy of your passport, visa or birth certificate if required
<input type="checkbox"/> Any relevant employment documentation if required

Declaration

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that the giving of false or incomplete information may lead to the refusal of my application or cancellation of enrolment. I give permission to obtain official records from any educational institution attended by me. I also authorise La Trobe Melbourne to supply any relevant official records to educational institutions to which I am seeking admission and to government bodies. If I have used an Agent to assist me with the completion of this application form, then I accept that this Agent is acting on my behalf and therefore authorise La Trobe Melbourne to transmit any information in respect of my application for study, and any subsequent study details, including results and attendance, to this Agent. I understand that I have the right to request La Trobe Melbourne (in writing) to cease supplying any information about myself to this Agent. I have read and understood the Conditions of Enrolment as explained in the La Trobe Melbourne brochure and on the La Trobe Melbourne website. I accept responsibility for payment of all fees and I agree to abide by the Fee Refund Policy as explained in the La Trobe Melbourne brochure and on the La Trobe Melbourne website. I also understand that fees may increase. I have also read the section in the La Trobe Melbourne brochure relating to the cost of living and I understand that living expenses in Australia may be higher than in my own country and I confirm that I am able to meet these costs.

Applicant's signature:

Date: / / (day/month/year)

If you are under 18 years of age, your parent or guardian must also sign this application form.

Parent's/Guardian's signature:

Date: / / (day/month/year)

Postal address for applications

Institut Ranke-Heinemann Schnutenhausstrasse 44 45136 Essen Deutschland Tel.: 0049-201-252552 info@ranke-heinemann.de www.ranke-heinemann.de	Institut Ranke-Heinemann Theresiengasse 32 1180 Wien Österreich Tel.: 0043-1-4060224 wien@ranke-heinemann.at www.ranke-heinemann.at
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Representative's Stamp

