

Expression of interest in applying for **DOCTOR OF PHILOSOPHY OR MASTERS BY THESIS (including Qualifier)**


Please print **CLEARLY** in black ink using **BLOCK LETTERS**.

PERSONAL DETAILS

Family Name/Surname <i>As this appears in your passport</i>	Given Names	Preferred or Adopted Given Name	Title (Mr/Mrs/ Miss/Ms)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Formal Name (for use on formal documents, including degree certificate)

Gender (M/F)	Date of Birth (dd/mm/yy)	Citizenship	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Correspondence Address <i>(Agent if applicable)</i>		Permanent Address <i>(Student's home address)</i>	
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	<input type="text"/>	<input type="text"/>
		Email	<input type="text"/>
		Tel	<input type="text"/>
		Fax	<input type="text"/>

Do you hold a current Australian visa? Yes *If 'Yes', you must attach a copy of visa and passport* No

Do you have a disability, psychological or medical condition which may affect your studies? Yes No

If 'Yes', you must attach a separate sheet giving details.

Have you previously enrolled at Southern Cross University? Yes No

If 'Yes', supply student number.

COURSE DETAILS

Course you are interested in applying for (tick one only):

PhD Masters by thesis

Proposed research topic:

Please attach a 2-3 page research proposal outlining background to the research area, aims and significance of the research, and proposed methods.

ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Yes No If 'No', what is your first language?

Was English the language of instruction in previous secondary or tertiary studies? Yes No

If 'yes', please indicate the studies that were completed in English and their combined duration.

Studies	Duration
<input type="text"/>	<input type="text"/>

Have you completed a test of English proficiency in the last 2 years? Yes No

If 'yes', please indicate date taken and test.

Date Taken (dd/mm/yy)	English Test Name	Result (if known)	IELTS Test Report Form Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you answered 'No' to all of the above English language proficiency questions, you must sit an approved English test and advise us of the results before an Offer of Admission can be made. **NB.** Australian visa regulations require all applicants from specified countries to sit an IELTS test if they have not undertaken an IELTS test in the 2 years prior to visa application.

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PREVIOUS STUDY

If you have previously studied at Southern Cross University, please indicate course and year of completion:

Course	<input type="text"/>	Year	<input type="text"/>
Surname used	<input type="text"/>	Student ID (if known)	<input type="text"/>

If you have studied a higher degree by research course at another university **within three years** of the date of this application, please indicate:

Name of Institution	<input type="text"/>	Student ID	<input type="text"/>
Commencement date	<input type="text"/>	Termination date	<input type="text"/>
Periods of approved interruption	<input type="text"/>	Surname used	<input type="text"/>

FINANCIAL SUPPORT

If you are to receive any financial support in the form of a scholarship or sponsorship for your study, please give the name of the sponsor or scholarship:

REFEREES

Please supply the names and contact details of two academic referees who can be contacted for an opinion on your suitability for candidature:

1.	<input type="text"/>	2.	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

DECLARATION

(Your expression of interest will not be considered if this declaration is not signed)

The personal information you provide on this form is protected by the New South Wales Privacy and Personal Information Protection Act 1998 and the health information is protected by the Health Records and Information Privacy Act 2002. Details regarding the operation of the Acts are contained in Southern Cross University's Privacy Management Plan and may be viewed at: www.scu.edu.au/policy/privacy.

I declare that I have read the Expression of Interest form and that all the information submitted is correct and complete and I accept the conditions of the form. I consent to the terms and conditions set out in the Expression of Interest form and at www.scu.edu.au/policy/privacy in respect of handling my personal information, including health information. I consent to the University independently verifying the information, including personal and health information. I acknowledge it is my responsibility to provide all necessary information and documentary evidence in support of my expression of interest and any subsequent application. I acknowledge that the University reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information. I authorise the University to obtain from other educational institutions, past employers and relevant authorities details of my enrolment, academic record, examination results and employment history. I also authorise the University to make the information I have provided available to relevant Australian government agencies as they deem necessary and as required by law. I understand and acknowledge that the University may withdraw any offer of admission until such time as the offer has been accepted by me. I acknowledge that the University will not be liable for any loss or damage whatsoever which I or any other person may suffer as a result of my admission being terminated in accordance with this condition. I authorise the University to collect, receive, store, transfer, use and disclose all such information in or connected with the expression of interest and any subsequent application for research purposes and I give these authorities on condition that all information provided pursuant to them is de-identified by the University. I agree to abide by the Rules, policies and procedures of the University (as they may be from time to time). I understand and acknowledge that the University is collecting the information in this form for the purpose of assessing my expression of interest and any subsequent application. I consent to the above use of my personal information, including health information.

Applicant's Signature

Date (dd/mm/yy)

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