

Have you previously been excluded or suspended from Swinburne or any other educational institution for academic or non-academic reasons? Yes No

If yes, institution and reason:

SECTION B: COURSE PREFERENCES

Please indicate the English Language Course/s you wish to apply for:

- 10 weeks 15 weeks 25 weeks 30 weeks 35 weeks 40 weeks 50 weeks
 Intensive English (5 weeks) IELTS Exam Preparation (5–10 weeks) Approximate start date:

Group Programs

- English Plus (5 weeks) English Plus (15 weeks) English Plus (30 weeks)
 A Taste of UniLink English + A Taste of UniLink Other

SECTION C: ENGLISH LANGUAGE PROFICIENCY

Have you taken an English Proficiency Test within the last 12 months? Yes No

If yes, please attach a certified copy of your results, or submit it immediately when available.

Name of Test	Date of Test	Name of Test	Date of Test
IELTS	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>	TOEFL <input type="checkbox"/> paper-based	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>
OTHER _____ <small>(Name of test)</small>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Day Month Year</small>	(Please tick) <input type="checkbox"/> computer-based <input type="checkbox"/> iBT internet-based	

SECTION D: APPLICANT'S DECLARATION

- I declare that the information submitted with this application is true and complete.
- I acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
- I understand that the University reserves the right to inform other tertiary institutions and regulatory agencies if any of the material presented to support my application is found to be false.
- I understand that at the time of enrolment I will be required to supply originals of all documents used to support this application.
- I acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without prior notice.
- I understand that the personal information I have provided may be released to government agencies as required by law. I further understand that it may be disclosed to third parties for the purpose of progressing my application.
- I understand that Swinburne collects, uses and destroys my information in accordance with the University's Privacy Policy. For information, see www.swinburne.edu.au/privacy

Signature of applicant: Date: / /
Day Month Year

SEND APPLICATION TO:

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