

# International Student Application Form



**Office Use Only**  
Student ID Number

## PERSONAL DETAILS

NAME (as it appears on your passport)

Title (Mr/Mrs/Miss/Ms)      Family Name      Given Name(s)

DATE OF BIRTH: (DD/MM/YYYY)

GENDER:      Male       Female

HOME ADDRESS

Number & Street

City & Country

ADDRESS FOR CORRESPONDENCE (if different to above)

Number & Street

City & Country

HOME TELEPHONE:      CONTACT TELEPHONE:

CONTACT FAX:      CONTACT EMAIL:

COUNTRY OF BIRTH:      CITIZENSHIP:

LANGUAGE SPOKEN AT HOME:

DO YOU HAVE A BROTHER OR SISTER CURRENTLY ENROLLED AT UTAS?      Yes       No

IF YES, WHAT IS THEIR FULL NAME:

AGENT: (if applicable)      Institut Ranke-Heinemann

Note: You must only apply **once**, through **one** agent



## COURSE PREFERENCE

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

MAJOR: (if applicable)

- |  |                     |                                     |                                     |
|--|---------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Diploma               | <b>Campus</b>       | <input type="checkbox"/> Hobart     | <input type="checkbox"/> Launceston |
| <input type="checkbox"/> Advanced Diploma      |                     | <input type="checkbox"/> AMC        | <input type="checkbox"/> Distance   |
| <input type="checkbox"/> Associate Degree      |                     |                                     |                                     |
| <input type="checkbox"/> Bachelor              | <b>Commencement</b> | <input type="checkbox"/> Semester 1 |                                     |
| <input type="checkbox"/> Graduate Certificate  | <b>Date</b>         | <input type="checkbox"/> Semester 2 |                                     |
| <input type="checkbox"/> Graduate Diploma      |                     |                                     |                                     |
| <input type="checkbox"/> Masters by Coursework | <b>Year</b>         | 20__                                |                                     |

**Duration for Masters Programs**

- 1 year (E-Bus, IB, Marketing etc)       1.5 years (IS, Bus Admin etc)       2 years (E-Bus, IS, IB etc)

## SECONDARY/TERTIARY EDUCATION

### CURRENT STUDIES

Are you currently studying a diploma, degree, Australian matriculation or Foundation Studies Program?      Yes       No

Program Name:      Institution:

ID number:      Date of Completion:

## COMPLETED STUDIES

NAME OF PROGRAM eg "O" Levels, Diploma in Accountancy	NAME OF INSTITUTION	YEARS		COMPLETED	
		FROM	TO	Y <input type="checkbox"/>	N <input type="checkbox"/>
				Y <input type="checkbox"/>	N <input type="checkbox"/>
				Y <input type="checkbox"/>	N <input type="checkbox"/>

## WORK EXPERIENCE

Please list details of any work experience you have, including national service details if applicable. Please attach list/additional documents if there is not enough space.

EMPLOYER	YEARS OF SERVICE	POSITION

## ADVANCED STANDING

Are you seeking advanced standing/credit for studies already completed? Yes  No

If yes, please attach detailed syllabuses/course outline for subjects you have successfully completed.

Certificate of Competency students (seafaring courses):

Please contact the Australian Maritime Safety Authority (AMSA) or appropriate state authority for sea time service and industrial experience assessment. Visit [www.amsa.gov.au](http://www.amsa.gov.au)

## ENGLISH LANGUAGE

If English is not your first language, please attach a certified copy of your English language test results. Please refer to [www.international.utas.edu.au](http://www.international.utas.edu.au) for English Language Requirements.

## SCHOLARSHIPS

All applications will automatically be assessed for eligibility for the Tasmanian International Scholarship Scheme.

## DISABILITY

Do you have a disability? If yes, please inform us and we will do our best to accommodate your needs.

## DECLARATION

I declare that the information provided in this application and the documentation supporting it is true and complete. I also understand that providing false or misleading information may lead to the cancellation of my enrolment.

I understand that the University reserves the right to vary or reserve any decision regarding admission or enrolment made on the basis of incorrect information. I understand that the information that I have provided to the University may be made available to Commonwealth and State agencies pursuant to obligations under the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students. I further understand that it may be disclosed to third parties for the purpose of progressing my application. I also understand that the University is required by law to inform the Department of Education, Employment and Workplace Relations (DEEWR) of certain changes to my enrolment and of any breach of a student visa condition relating to satisfactory academic performance.

I authorise the University to contact me by SMS  Yes  No

Signature

Date

### Send documentation to:

Institut Ranke-Heinemann Schnutenhausstr. 44 45136 Essen Deutschland Tel.: +49-201-252552 <a href="mailto:info@ranke-heinemann.de">info@ranke-heinemann.de</a> <a href="http://www.ranke-heinemann.de">www.ranke-heinemann.de</a>	Institut Ranke-Heinemann Theresiengasse 32 1180 Wien Österreich Tel.: +43-1-4060224 <a href="mailto:wien@ranke-heinemann.at">wien@ranke-heinemann.at</a> <a href="http://www.ranke-heinemann.at">www.ranke-heinemann.at</a>
---	---

## CHECKLIST Have you included the following?

- Certified transcript of your qualifications (in English)
- Proof of English language ability (IELTS or TOEFL or other qualification)
- **Applicants for the Bachelor of Medicine and Bachelor of Surgery degree & the Bachelor of Pharmacy degree must complete and attach the Application Fee Payment Form**