## International Student Application Form



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## Office Use Only

Student ID Number		AVVIC
ERSONAL 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	e 🗌 Female 🗍	
HOME ADDRESS		
Number & Street		
City & Country		
ADDRESS FOR CORRESPONDENCE	E (if different to above)	
Number 9 Street		
Number & Street		
City & Country		
HOME TELEPHONE:	CONTACT TELI	EPHONE:
CONTACT FAX:	CONTACT EMA	AL:
COUNTRY OF BIRTH:	CITIZENSHIP:	
LANGUAGE SPOKEN AT HOME:		
DO YOU HAVE A BROTHER OR SISTER	CURRENTLY ENROLLED AT UTA	S? Yes No No
IF YES, WHAT IS THEIR FULL NAME:		
AGENT: (if applicable) Institut Ranke-Hei Note: You must only apply once, through or	(2171/11/2)	
COURSE PREFERENCE	Gerlin / Essen   Wien	
1st Choice	2nd Choice	
MAJOR: (if applicable)		
Diploma	Campus	☐ Hobart ☐ Launceston
Advanced Diploma		☐ AMC ☐ Distance
Associate Degree		
Bachelor  Craduate Cartificate	Commenceme	
Graduate Certificate	Date	Semester 2
Graduate Diploma	<b>V</b>	00
Masters by Coursework	Year	20
<b>D</b> uration for Masters Programs	1 year (E-Bus, IB, Marketing etc)	1.5 years 2 years (E-Bus, IS, IB etc)
SECONDARY/TERTIARY EDUCA	TION	
CURRENT STUDIES		
Are you currently studying a diploma, degr	ree, Australian matriculation or Four	ndation Studies Program? Yes No
Program Name:	Institution:	
ID numbers	Data of Committee	loni

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NAME OF PROGRAM			YEA	RS		
eg "O" Levels, Diploma in Accountancy	NAME OF INSTI	TUTION	ROM	TO	COMP	LETED
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ORK EXPERIENCE						
Please list details of any work ex if there is not enough space.	perience you have, including nation	onal service details if appli	cable. Plea	ise attach list,	/additional d	ocuments
EMPLOYER	Y	EARS OF SERVICE	POSIT	ION		
DVANCED STANDIN	_					
Are you seeking advanced	l standing/credit for studie	s already completed?	Y	es 💹	No 🗌	
f yes, please attach detailed	syllabuses/course outline for	subjects you have succ	essfully c	ompleted.		
Certificate of Competency	students (seafaring cours	es):				
Please contact the Australia	n Maritime Safety Authority (A	ΔMSΔ) or annronriate s	tate auth	ority for sea	time servic	e and
	ment. Visit www.amsa.gov.au	(MO) () or appropriate of	tate datii	ority for oca	11110 001 110	o ana
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- **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