

INTERNATIONAL STUDENT APPLICATION FORM



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

- Do not complete this form if you are a permanent resident or citizen of Australia or New Zealand, unless you are a New Zealand resident or citizen applying to study a TAFE course.
- Please enclose a non-refundable AS\$75 application processing fee. Your application will not be processed without this fee. Current students and alumni of Victoria University (VU) are exempt from paying this fee if a student ID number is provided. *Scholarship recipients may also be exempt from paying this fee (conditions apply, see page 3).
- All documents must be certified by a recognised authority (i.e. school, university, VU representative).
- Complete all sections of this form clearly using BLOCK letters and black or blue pen.
- For more information visit: www.vu.edu.au/courses/how-to-apply/international-applications

APPLICATION DETAILS

Are you applying through a Victoria University registered agent? YES NO

The contact details of VU's registered agents can be found at:
www.vu.edu.au/study-with-us/international-students/vu-your-country/international-agents

Which country are you submitting this application in?

COUNTRY NAME: _____



APPLICATION FEE PROCESSING - OFFICE USE ONLY

Tag: _____ Date: ____/____/____
Interviewed by: _____
AFW: YES NO Expires: ____/____/____

1. PERSONAL DETAILS - PRINT YOUR NAME IN BLOCK LETTERS AS IT APPEARS ON YOUR PASSPORT TO AVOID DELAYS IN YOUR APPLICATION

STUDENT ID: (must be provided if you are a current or former student of VU)

TITLE: MR MISS MS MRS OTHER _____ GENDER: MALE FEMALE

FAMILY NAME (AS STATED IN PASSPORT): _____

GIVEN NAME (AS STATED IN PASSPORT): _____

COUNTRY OF BIRTH: _____ DATE OF BIRTH: / /

2. STUDENT CONTACT DETAILS

ADDRESS TYPE: SEMESTER MAILING HOME

NUMBER AND STREET: _____

SUBURB OR TOWN: _____

STATE/PROVINCE: _____

COUNTRY: _____

POSTCODE/ZIP CODE: _____

PHONE: _____

MOBILE/CELL: _____

EMAIL: _____

3. COURSE PREFERENCES

List courses in order of preference in the table below, including any preferred pathways.

COURSE NAME	COURSE CODE	CRICOS CODE	CAMPUS	COMMENCING SEMESTER (1 OR 2)	YEAR
Example: Bachelor of Business in Accounting	BBAA	002852F	FP	1	2011
1.					
2.					
3.					
4.					

City Flinders (CF)
Newport (NP)

City King (CK)
St Albans (SA)

City Queen (CQ)
Sunshine (SS)

Footscray Nicholson (FN)
Werribee (WB)

Footscray Park (FP)

4. ARE YOU CURRENTLY IN AUSTRALIA? YES NO (If no, go to section 5)

If you are in Australia, tell us whether you have one of these visas or visa exemptions:

- AUSAID PARTNER VISA STUDENT VISA TEMPORARY RESIDENT
 VISITING SCHOLAR VISA VISITOR VISA TOURIST/WORKING HOLIDAY VISA

COUNTRY OF CITIZENSHIP:

ISSUING COUNTRY OF PASSPORT:

PASSPORT NUMBER:

You must attach a copy of your photo ID page from your passport.

VISA NUMBER: _____ VISA START DATE? / / VISA EXPIRY DATE? / /

5. PREVIOUS VISA HISTORY

HAVE YOU EVER BEEN DENIED ENTRY TO AUSTRALIA OR ANY OTHER COUNTRY? YES NO (If yes, attach details of official correspondence)

HAVE YOU BREACHED THE CONDITIONS OF A VISA FOR AUSTRALIA OR ANY OTHER COUNTRY? YES NO (If yes, attach details of official correspondence)

6. ARE YOU APPLYING FOR RECOGNITION OF PRIOR LEARNING (RPL)? YES NO (If no, go to section 7)

If you selected yes, download and submit with your application a completed Recognition of Prior Learning Application - Higher Education (A04) or Recognition of Prior Learning / Current Competency Credit Transfer Application (A80) from: www.vu.edu.au/student-tools/student-forms

Provide full academic transcripts and a detailed course syllabus, including subject descriptions, details of assessment and the duration of each subject (e.g. one subject duration might be 4 hours per week for 10 weeks).

7. ARE YOU APPLYING FOR MASTERS BY RESEARCH OR A PHD? YES NO (If no, go to section 8)

If you are applying to study a Masters by Research or a PhD, you must:

1. submit a one or two page research proposal
2. nominate two referees who can confirm that you have the ability to undertake high-quality research
3. attach copies of your published papers and/or journals (if available).

For detailed information about selection criteria and application procedures for individual courses contact the relevant faculty or visit: www.vu.edu.au/research/expertise-capability/college-based-research

8. ARE YOU CURRENTLY STUDYING? YES NO (If no, go to section 9)

If you are currently studying, attach documentation of all results and qualifications received to date.

NAME OF QUALIFICATION OR EXAMINATION:

INSTITUTION:

STATE:

COUNTRY:

DATE COMMENCED: / /

WILL YOU COMPLETE THESE STUDIES PRIOR TO COMMENCING AT VICTORIA UNIVERSITY? YES NO

DATE FINAL RESULTS ARE EXPECTED: / /

9. PREVIOUS STUDIES

Provide documentation of all results and qualifications for both complete and incomplete studies. List your most recent qualification first.

TERTIARY STUDIES (POST-SECONDARY)

NAME OF QUALIFICATION:

SCHOOL / INSTITUTION:

COUNTRY / STATE:

DATE COMMENCED: / /

DATE FINISHED: / /

NAME OF QUALIFICATION:

SCHOOL / INSTITUTION:

COUNTRY / STATE:

DATE COMMENCED: / /

DATE FINISHED: / /

SECONDARY STUDIES

NAME OF QUALIFICATION:

SCHOOL / INSTITUTION:

COUNTRY / STATE:

DATE COMMENCED: / /

DATE FINISHED: / /

10. EMPLOYMENT HISTORY

Providing details of your work experience/employment history may support your application. Attach certified copies of work reference letters from your employer on company letterhead and your resume (if required for course entry). List your most recent employer first and attach additional pages if required.

NAME OF COMPANY: _____

DATE COMMENCED: DD/MM/YYYY

POSITION AND DUTIES: _____

DATE ENDED: DD/MM/YYYY

NAME OF COMPANY: _____

DATE COMMENCED: DD/MM/YYYY

POSITION AND DUTIES: _____

DATE ENDED: DD/MM/YYYY

NAME OF COMPANY: _____

DATE COMMENCED: DD/MM/YYYY

POSITION AND DUTIES: _____

DATE ENDED: DD/MM/YYYY

11. ENGLISH LANGUAGE PROFICIENCY

IS ENGLISH YOUR FIRST LANGUAGE? YES NO

HAVE YOU UNDERTAKEN STUDIES IN WHICH THE LANGUAGE OF INSTRUCTION WAS ENGLISH? YES NO (If yes, attach evidence from the institution to your application)

HAVE YOU ENROLLED, OR DO YOU INTEND TO ENROL, IN AN ENGLISH LANGUAGE INTENSIVE COURSE FOR OVERSEAS STUDENTS (ELICOS)? YES NO

IF YES, AT WHICH INSTITUTION?: _____

START DATE: DD/MM/YYYY

END DATE: DD/MM/YYYY

NUMBER OF WEEKS: _____

HAVE YOU TAKEN, OR WILL YOU BE TAKING, AN ENGLISH TEST? YES NO (If no, go to section 11)

WHAT WAS THE NAME OF THE TEST: IELTS TOEFL OTHER (PLEASE SPECIFY): _____

DATE OF TEST: DD/MM/YYYY

TEST SCORE (IF KNOWN): _____

12. OVERSEAS STUDENT HEALTH CARE (OSHC)

Overseas Student Health Care (OSHC) must be arranged for the duration of your visa as a condition of your student visa. Victoria University can arrange health cover with OSHC Worldcare (our preferred provider) on your behalf for the duration of your visa.

- If you pay the full OSHC amount up-front, you are protected against any increases in the OSHC fees for the duration of your visa.
- If you complete your studies earlier than expected, you may be entitled to a refund from OSHC Worldcare.
- Health insurance is your responsibility and current cover must be maintained by students for the duration of your stay in Australia.

DO YOU WANT VICTORIA UNIVERSITY TO ARRANGE OSHC FOR THE DURATION OF YOUR VISA IN AUSTRALIA? YES NO

IF **YES**, PLEASE INDICATE WHICH TYPE OF COVER SINGLE FAMILY

IF **NO**, REASON GIVEN FOR NOT COMMENCING A NEW OSHC WORLDCARE MEMBERSHIP:

YOU ALREADY HAVE CURRENT OSHC MEMBERSHIP FOR THE DURATION OF YOUR VISA.

HEALTHCARE PROVIDER: _____

OSHC START DATE: DD/MM/YYYY

MEMBERSHIP NUMBER: _____

OSHC EXPIRY DATE: DD/MM/YYYY

YOU WILL ORGANISE OSHC MEMBERSHIP YOURSELF.

13. SCHOLARSHIP/SPONSORSHIP APPLICANTS

HAVE YOU BEEN GRANTED, OR ARE YOU INTENDING TO APPLY FOR, A SCHOLARSHIP OR SPONSORSHIP? YES NO (If no, go to section 13)

SCHOLARSHIP / SPONSORSHIP PROVIDER NAME: _____

*VU reserves the right to assess applicants eligibility for application processing fee waiver.

14. DISABILITIES

DO YOU HAVE A DISABILITY, FOR WHICH ADDITIONAL ASSISTANCE IS REQUIRED? YES NO (If no, go to section 14)

If yes, please attach information detailing this disability.

15. GUARDIAN ARRANGEMENTS

ARE YOU UNDER 18 YEARS OF AGE? YES NO (If no, go to section 15)

If yes, please refer to www.immi.gov.au/students/student_guardians/ for information about arrangements for students under 18 years of age.

If you are under the age of 18 at the time of submitting this application, you must have a parent or guardian sign the declaration on page 4 of this form on your behalf.

16. DECLARATION

I, _____
(Applicant's full name in BLOCK LETTERS. If the applicant is under 18 years of age, the parent/guardian must complete this section.)

- declare that the information and supporting documentation provided is true and complete.
- acknowledge that Victoria University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, incomplete or fraudulent information.
- understand that the University may choose not to issue an eCoE if the University or its agent assesses that I am unlikely to meet the Genuine Temporary Entrant requirements for a student visa, as required by the Department of Immigration and Citizenship.
- acknowledge that as a public sector agency, Victoria University abides by the Victorian Information Privacy Act 2000 and the information privacy principles it contains. The University also complies with privacy obligations under the Commonwealth Privacy Act 1988. Victoria University's Information Privacy Policy is available online at: www.vu.edu.au/privacy
- authorise Victoria University to obtain further relevant documentation to support my application if necessary.
- acknowledge that the information I provide to the University may be made available to Australian and State Government agencies, pursuant to obligations under the ESOS Act 2000 and the National Code 2007. I recognise that disclosure to government agencies can include, but is not limited to, information regarding breaches of a student visa condition, changes to my enrolment and/or for visa processing purposes.
- acknowledge that the information collected on this form will be used for the purpose of assessing my application to study at Victoria University.
- authorise the University to provide my address and details of enrolment to their approved registered agents, if I applied through one of Victoria University's registered agents.
- understand that any school-aged dependants accompanying me to Australia will be required to pay full fees if they are enrolled in a school in Australia.
- understand that any documentation I submit becomes the property of Victoria University and will not be returned to me.
- acknowledge that due to various government regulations related to the privacy of applicants, Victoria University cannot disclose information to any third party such as parents, friends or relatives without the written consent of the applicant.
- have read, understood and accept the above conditions.
- acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without notice.

SIGNATURE: **X** _____

DATE: / /

SIGNATURE OF A PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE: **X** _____

DATE: / /

If you are under the age of 18 at the time of submitting this application, you must have a parent or guardian sign the declaration on your behalf.

CHECKLIST

Please ensure you have completed the following before submitting the application.

1. Have you paid the A\$75 application processing fee or attached payment details? (*Bank Cheque or Credit Card*) YES
2. Have you provided proof of your English language proficiency? YES
3. Have you included certified copies of your certificates and academic transcripts? YES
4. Have you included any other necessary documents such as a research proposal if you are applying for a research degree? YES

OFFICE USE ONLY

COURSE CODE: _____ ADMISSIONS BASIS: _____
FUND SOURCE: _____ FEE ASSESSMENT: _____

SUBMIT THIS FORM IN PERSON TO:

Institut Ranke-Heinemann
Schnutenhausstrasse 44
45136 Essen
Deutschland
Tel.: 0049-201-252552
info@ranke-heinemann.de
www.ranke-heinemann.de

Institut Ranke-Heinemann
Friedrichstrasse 95
10117 Berlin
Deutschland
Tel.: 0049-30-209629593
berlin@ranke-heinemann.de
www.ranke-heinemann.de

POST THIS FORM TO:

Institut Ranke-Heinemann
Türkenstraße 70
80799 München
Deutschland
Tel.: 0049-89-80954030
muenchen@ranke-heinemann.de
www.ranke-heinemann.de

EMAIL THIS FORM TO:

Institut Ranke-Heinemann
Silberburgstr. 112
70176 Stuttgart
Deutschland
Tel.: 0049-711-99338627
stuttgart@ranke-heinemann.de
www.ranke-heinemann.de

Institut Ranke-Heinemann
Grindelallee 91/ Martin-Luther-King-Platz 1
20146 Hamburg
Deutschland
Tel.: 0049-40-43091358
hamburg@ranke-heinemann.de
www.ranke-heinemann.de

CONTACT VU INTERNATIONAL

Institut Ranke-Heinemann
Theresiengasse 32
1180 Wien
Österreich
Tel.: 0043-1-4060224
wien@ranke-heinemann.at
www.ranke-heinemann.at

APPLICATION FEE CREDIT CARD PAYMENT

To pay your application processing fee for the amount A\$75.00 (seventy-five Australian dollars) by credit card, complete the details below:

VISA / MASTERCARD CREDIT CARD NO.: _____ EXPIRY DATE: /

CCV NUMBER (Your Credit Card Verification (CCV) number is the last three digits of the number printed on the back of your credit card): _____

CARDHOLDER NAME: _____ CARDHOLDER PHONE: _____

CARDHOLDER EMAIL: _____

SIGNATURE OF CARDHOLDER: **X** _____

DATE: / /

The credit card transaction will be processed by Victoria University in Australian dollars and will be converted at the current rate on that day by your credit card provider.