INTERNATIONAL STUDENT

APPLICATION FORM



To complete this form:

STEP 1:

Save a copy of this PDF to your hard drive or external drive before answering questions.

STEP 2:

Answer all the questions on the form and tick check boxes where required.

STEP 3:

Once you have completed all fields, save the form again.

STEP 4:

Email the form and supporting documentation to study@usc.edu.au

SAVE FORM

1.0 PERSONAL DETAILS										
Have you previously enrolled at the University	of the Sunshine Coas	t? □No □Yo	es → If yes,	, Student ID n	umber:					
Title: Mr Mrs Miss Ms Dr (as shown on passport)]Other:	Date of birth	: DAY	MONTH (eg 21 / January /	1979)	YEAR	Gender:	Male 🗆	Female	
Family name:				Given names:						
Country of birth:			Citizenship:							
Passport number:	Date of issue: DD/MM/YYYY			Country of issue:						
Language spoken at home:										
What visa are you applying for? ☐ Student visa ☐ Extension to Student visa:						Other:				
*Overseas Student Health Cover. Additional costs ap our preferred provider OSHC Allianz Global Assistan # Either one adult spouse or recognised de-facto par † More than one dependant which can only include o visa holder. Address / contact details	er: Single cover opply. A quote will be province. Ther, or one or more dep	Dual family uided in your Let	ter of Offer.	If purchased th	tudent visa	holder.				
Number and street:										
Town/City:	Sta	State: Country:			Country:	:				
Postcode/Zip:	En	Email:								
Telephone: COUNTRY AREA LOCAL NUMBER	Mo	obile:								
Permanent address in home country (if diffe	erent from above)									
Number and street:	То	Town/City:				State:				
Country:	Po	Postcode/Zip: Telepho			Telephone	one: Country area local number				
2.0 ENGLISH LANGUAGE PROFIC	IENCY									
How do you intend to meet USC's English lar English is my first language	nguage requirement	?								
☐ English proficiency test (eg Cambridge, IEL	LTS, TOEFL, DAAD):			Score	:	Da	te:			
Other (provide details):										
3.0 USC STUDY LOCATION AND P	ROGRAM									
Select your preferred study location (Note: Not USC Sunshine Coast USC Moreton Bay	· -				er Coast	□usc	Gympie			
rence Name of degree program (eg Bachelor of Arts, Master of Professional Accounting)						Semester / Trimester / Session Year				
1						□1 □2 □3 □				
2						□ 1 □ 2 □ 3 □ <u> </u>				
3							1	3 🗆		

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4.0 PREVIOUS a	nd CURRENT SECONDARY a	nd POST-SEC	ONDARY STUD	OIES (eg High S	School, TAFE, University)					
Institution / School	Name of Award / Qualification	Year completed or year to be completed	Language of instruction	Country	Main fields of study (If post-secondary study)					
PREVIOUS STUDIES		·								
CURRENT STUDIES										
Academic credit trans	fer: Do you want to claim credit? 🔲 1	No Yes								
→ If you tick 'No', an of	ffer even if the credit assessment has i ffer will only be sent when the credit a will receive an offer as soon as you are	assessment has b	een completed.		advice will follow at a later date.					
5.0 SUPPORT SE	RVICES									
Do you have a disabilit	y, impairment or long-term medical c	condition, which	may affect your stud	lies?						
No Yes→ Hearing Learning Mobility Vision Medical Other:										
This information is used in a confidential manner by Student Wellbeing to assist you in accessing support services as required.										
correct. USC must be Submitted documer returned to the appl USC reserves the rigl basis of incorrect or i Where an applicatio (eg USC representati regarding the applic USC may carry out a study rights. The information coll certain circumstance University, in accord usc.edu.au/privacy obligations under th Should this applicati Form will constitute read all the documer	olied in this application form and any su e notified of any changes to the informa nts supporting this application become	not be Ar	critical sections of this oplication form stach certified copies of English roficiency, academic transcript(s), and completion certificate(s) stach official translations of ocuments (if applicable) stach employment history stack employment history stack (if applicable) sead and sign the Terms and Conditions diabout USC from:							
☐ I declare that I am	the applicant and by submitting this a	application via m	y nominated	Email	:					
USC representative	e or directly to USC.		-							
	n I have provided is accurate. s and conditions as outlined in Section									
	20.14.00115 as outilities in section									
Name:		Date:								

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