

INTERNATIONAL APPLICATION FORM

SECTION A: YOUR DETAILS

Title : Mr Mrs Miss

First Name:

Last Name:

Date of Birth:

Gender : Female Male Other
 Non-binary Prefer not to disclose

Do you identify yourself as:

Aboriginal Torres Strait Islander
 None

Nationality:

Country of Birth:

For International Applicants

Passport Number:

Passport Expiry Date:

Visa Type:

Main language spoken at home:

Do you have a disability, impairment or long-term condition that will affect your studies? No Yes

SECTION B: CONTACT DETAILS

Please include your permanent address.

Address:

City:

State/Province:

Country:

Postcode:

Email:

Mobile Number:
(include country code)

Home Number:
(include country code)

SECTION C: EMERGENCY CONTACT

First Name:

Last Name:

Relationship to you:

Contact Number:
(include country code)

Email:

SECTION D: PREVIOUS EDUCATION AND EMPLOYMENT

Please include originals or certified copies of your academic documents and/or professional accreditations.

Highest Education Qualification:

Completed Date:

Name of Institute:

Do you wish to apply for Credit for Prior Learning? Yes No

If yes, please fill up the CPL Application Form available on the website.

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SECTION E: COURSE SELECTION

Choose Course:

Bachelor of Information Technology (CRICOS Course Code: 114970B)

Preferred Intake Date:

SECTION F: ENGLISH PROFICIENCY

Is English your first Language? Yes No

Have you taken any of the following English Proficiency Tests:

IELTS TOEFL CAE
 CPE PTE Academic Others

Test Date:

SECTION G: OVERSEAS REPRESENTATIVE

Name of Overseas Representative (Agent):

Counsellor:

Country:

Email:

Phone:

SECTION H: DECLARATION

I certify that the information on this form is current and correct. I acknowledge that I have read and understood Skyline Higher Education Australia policies and procedures. I consent to the collection, processing storage, use, and disclosure of my personal information to the extent set out in Skyline Higher Education Australia's Privacy Policy. I understand that I can contact Skyline Higher Education Australia at admin@shea.edu.au

By instructing an Education Agent to complete this Application Form on my behalf, I understand that the Agent is acting on behalf of me and it is my responsibility to read and understand Skyline Higher Education Australia Policies and Procedures.

I authorise Skyline Higher Education Australia to verify the authenticity of my qualifications and/or work experience and/or life experience, and I understand Skyline Higher Education Australia may inform other organisations or regulatory agencies if any of the information in my application is not accurate.

By submitting this application, I agree and declare that the above information is true and correct.

Name of Student:

Signature of Student:

Date:

If you need any help in completing this application form, please contact Skyline Higher Education Australia at admissions@shea.edu.au or Skyline Higher Education Australia Agent in your country.

SECTION I: SUBMITTING APPLICATION

Please submit your application with all the supporting documents at the below email or postal address:

Email Details:

admissions@shea.edu.au

Postal Address:

Level 3, 136 Chalmers Street, Surry Hills,
NSW 2010, Sydney, Australia