INTERNATIONAL APPLICATION FORM

SECTION A: YOUR DETAILS

Title: ☐ Mr. ☐ Miss. ☐ Mrs.

First Name: | Last Name: | Date of Birth: DD MM YYYY

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? ☐ Yes ☐ No

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: DD MM YYYY | 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.

Note: The deadline for late CPL applications is the census date of the trimester in which the student begins study at SHEA.

SECTION E: COURSE SELECTION

Choose Course:

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

☐ Master of Information Technology (CRICOS Course Code: 117490E)

Preferred Year and Intake:

☐ T1: February ☐ T2: May ☐ T3: September

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: DD MM YYYY

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:

Date :

DD MM YYYY

Signature of Student:

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