

## International Application for Admission

**Note:** Students interested in the ANU Express program should apply directly to ANU.

Please print clearly in English and in BLOCK letters. Tick boxes where appropriate.

### Local Representative Information

Agent Name \_\_\_\_\_ Agent URN \_\_\_\_\_

### Student Details

Title \_\_\_\_\_ Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Male  Female  Age \_\_\_\_\_ Date of Birth (day/month/year) \_\_\_\_\_

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Are you a Citizen or Permanent Resident of Australia Yes  No

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email

### Family Member Contact Details (if under 18)

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email

### Visa Details

Do you have a current Australian Visa? Yes  No  If yes, please provide a copy of your current visa

Are you applying for a Student Visa? Yes  No  If no, please provide further information

Visa Type \_\_\_\_\_ Visa Subclass \_\_\_\_\_ Visa Expiry Date \_\_\_\_\_

### Passport Details

Passport Number \_\_\_\_\_ Passport Expiry Date \_\_\_\_\_

Please provide a copy of your current passport

### English Language

All international students must demonstrate an acceptable level of English proficiency to gain admission to ANU College programs.

Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

### Academic IELTS (score)

Overall \_\_\_\_\_ Listening \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Speaking \_\_\_\_\_

Other (please supply) \_\_\_\_\_

For all other tests accepted by the Admissions Department, please refer to anucollege.edu.au

### Previous Education

Please attach verified copies of all academic transcripts or reports (translated into English)

Name of Qualification \_\_\_\_\_ Year Awarded \_\_\_\_\_

Name of School/College/University \_\_\_\_\_

Country/State \_\_\_\_\_ Language of Instruction \_\_\_\_\_

If you are currently completing a qualification, please indicate when you expect to complete this study (month/year) \_\_\_\_\_

## Course Selection

### English for Academic Purposes

Intake February  March  April  June  July  August  October  November  Year \_\_\_\_\_  
Number of weeks required \_\_\_\_\_

### Access English

Intake March  April  October  November  Year \_\_\_\_\_

### ANU College Foundation Studies Standard (2 semesters)

Intake February  July  Year \_\_\_\_\_

### ANU College Foundation Studies Extended (3 semesters)

Intake March  October  Year \_\_\_\_\_

### ANU Diploma of Computing\* (2 semesters)

Intake February  July  Year \_\_\_\_\_

### ANU Diploma of Liberal Studies\* (2 semesters)

Intake February  July  Year \_\_\_\_\_

## Package Program Offer (Available to Foundation Studies and Diploma students)

Do you wish to receive a conditional undergraduate Letter of Offer from The Australian National University? Yes  No

### Undergraduate offer

The Undergraduate course I would like to study at The Australian National University is: (in order of preference)

Preference 1	Major
Preference 2	Major
Preference 2	Major

### OSHC Details (if applicable)

Do you currently hold an OSHC policy? Yes  No  If yes, please provide the following details

Name of OSHC provider \_\_\_\_\_

OSHC Membership Number \_\_\_\_\_ OSHC Expiry Date \_\_\_\_\_

For your convenience, OSHC will be included automatically on your invoice unless you provide us with details of your alternative policy

Please select type of cover you wish to receive: Single  Dual Family  Multi Family

### Disability

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes  No

If yes, please indicate the area/s of impairment:

Acquired Brain Impairment  Hearing/Deaf  Intellectual  Learning  Physical  Medical Condition   
Mental Illness  Mobility  Vision  Other

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes  No

### Declaration (to be signed by the student and parent or legal guardian)

By ticking this box I confirm the following:

I authorise ANU and Study Group Australia Pty Limited trading as ANU College to share and exchange personal and academic information about me for the duration of my enrolment in any program administered by either entity, and later as an alumni of the University if applicable.

I understand and acknowledge that ANU will handle my personal information in accordance with the Privacy Act 1988 and the ANU Privacy Policy. More information about how personal information is handled by The Australian National University can be found in our privacy policy (available at [https://policies.anu.edu.au/ppl/document/ANUP\\_010007](https://policies.anu.edu.au/ppl/document/ANUP_010007))

I wish to be considered for admission to the course(s) I have shown on this application form. I agree that where I do not meet the entry requirements for the selected course or suite of courses that I will be offered an alternative Study Group course. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from ANU College. I authorise ANU College, where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application. I also understand that ANU College is required under Section 19 of the ESOS Act 2000, to inform the Department of Immigration and Border Protection about changes to my course enrolment and any breach of my student visa conditions relating to satisfactory academic performance. I also understand that under the provisions of the ESOS Act 2000, ANU College may release information provided in this application to Australian Commonwealth and State agencies.

ANU College is bound by the Privacy Act (1988) of the Commonwealth of Australia. ANU College collects and uses any personal information provided to itself in accordance with the Act. The type of information and the use and disclosure of that information without any prior approval is set out in the Privacy Policy which can be found at [anucollege.edu.au](http://anucollege.edu.au). By signing this application I acknowledge that I have read the Privacy Policy and consent to the use and disclosure of my personal information as set out in the Privacy Policy.

Name (Student or Parent, Legal Guardian\*) \_\_\_\_\_ Date \_\_\_\_\_

\* if applicant is under the age of 18

### Note

- Information provided may be made available to Commonwealth and State agencies and the Director of the Tuition Protection Service, pursuant to obligations under the ESOS Act 2000 and the National Code.
- Any school-aged dependants accompanying overseas students to Australia will be required to pay full fees if they are enrolled in either a government or non-government school.

\* Courses are delivered by Study Group Australia Pty Limited, trading as ANU College, on behalf of the Australian National University.

### Send your application to:

**Admissions Centre**  
Level 8, 97-99 Bathurst Street, Sydney  
NSW 2000, AUSTRALIA  
T +61 2 8263 1888  
E [anziscadmissions@studygroup.com](mailto:anziscadmissions@studygroup.com)

or to your local representative