

Study Abroad Application Form



COLLEGE
CONTACT.COM

College Contact GmbH
Hanauer Landstraße 151-153, 60314 Frankfurt am Main
Telefon: 069 - 907 2007 30
E-Mail: beratung@college-contact.com
Web: <https://www.college-contact.com>



University of
South Australia

Program Selection

Year: **Degree level:** ☐ Undergraduate (Bachelor) ☐ Postgraduate (Masters) **No. of courses:** ☐ 3 (13.5 units) ☐ 4 (18 units)
Intake: ☐ Semester 1 (SP2 - February to June) ☐ Semester 2 (SP5 - July to November) **Duration:** ☐ 1 Semester ☐ 2 Semesters

Personal Details

| | | | |
|---|-------------------|-------------|--------------|
| Title: | Family Name: | Given Name: | Middle Name: |
| Preferred name: | DOB: | Gender: | |
| Citizenship: | Country of birth: | | |
| Which country are you applying from: | State: | City: | |
| Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the details and signature page of your passport. Passport number <input type="text"/> | | | |
| Do you have a disability or long term illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you require support services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Contact Details

| | | |
|---|-----------------|-----------------|
| Email address: | Mobile: | Home Telephone: |
| Permanent address in home country | | |
| Country: | State/Province: | |
| Address Line 1: | Address Line 2: | |
| City: | Post/Zip code: | |
| Current address (if different from above) | | |
| Country: | State/Province: | |
| Address Line 1: | Address Line 2: | |
| City: | Post/Zip code: | |

Visa Details

Do you currently hold an Australian visa? ☐ Yes ☐ No If yes, please advise visa type

Have you ever had a visa refused, cancelled or overstayed your visa? ☐ Yes ☐ No If yes, please attach the decision record or correspondence

Do you intend to apply for an Australian student visa? ☐ Yes ☐ No

Have you ever been precluded, excluded or suspended from an Australian education provider? ☐ Yes ☐ No

If yes, please attach evidence and provide details.

Have you ever been refused admission by another Australian provider? ☐ Yes ☐ No If yes, please attach documentation.

Academic Qualifications

| | Qualification 1 | Qualification 2 |
|--|-----------------|-----------------|
| Name of program: | | |
| Program level: | | |
| Name of institution | | |
| Country: | | |
| Language of instruction: | | |
| Program Duration (years) or total ECTS | | |
| Have you completed the above study? Y/N | | |
| Start date: | | |
| End date / Expected completion date: | | |
| Do you intend to complete before starting studies with us? Y/N | | |
| Transcripts attached? | | |

*Attach a copy of your academic transcripts and completion certificate (if available). You must also include an explanation of the grading system at your home institution (this information is often found on the reverse side of official academic transcripts). English translations are required if the original documents are not in English.

English Proficiency

What is your first language?

English Proficiency *(continued)*

How do you intend on meeting the English Language requirements for this program?

- ☐ I am a native English-speaker
- ☐ I have previously studied in the English Language
- ☐ I have completed an English language subject either at high school or university (e.g. DAAD etc)
- ☐ I have undertaken an English proficiency test such as IELTS or equivalent *(Please attach a copy of your test results)*
- ☐ I intend to undertake an English proficiency test such as IELTS or equivalent Test type Test date
- ☐ I would like the University to arrange an English program for me *(please advise)* — ☐ I have an English proficiency test that does not meet the requirements for entry *(Please attach a copy of your test results)*
- ☐ I do not have an English proficiency test and I request an English placement test from the University

Course Selection

Commencing Semester: ☐ Semester 1 ☐ Semester 2 Final Semester: ☐ Semester 1 ☐ Semester 2

Please provide six courses that you are interested in taking at UniSA irrespective of your course load, for each semester you intend to study.
A list of available courses can be found here; <https://international.unisa.edu.au/short-term-study/what-can-i-study/>

First Semester Course Selection example: Course: Accounting for Business Area/Catalogue: ACCT 1008

| | |
|-----------|-------------------|
| Course 1: | Area/Catalogue 1: |
| Course 2: | Area/Catalogue 2: |
| Course 3: | Area/Catalogue 3: |
| Course 4: | Area/Catalogue 4: |
| Course 5: | Area/Catalogue 5: |
| Course 6: | Area/Catalogue 6: |

Second Semester Course Selection

| | |
|-----------|-------------------|
| Course 1: | Area/Catalogue 1: |
| Course 2: | Area/Catalogue 2: |
| Course 3: | Area/Catalogue 3: |
| Course 4: | Area/Catalogue 4: |
| Course 5: | Area/Catalogue 5: |
| Course 6: | Area/Catalogue 6: |

Overseas Student Health Cover

It is a requirement of the Australian Government that you maintain Overseas Student Health Cover (OSHC) for the duration of your student visa. OSHC must be from an Australian Registered Provider. You are exempt from this requirement if you are a Norwegian, Swedish or Belgian student.

- ☐ Please provide me with a quote for Visa Length OSHC *(Please select OSHC type of cover required)* — ☐ Single cover for myself only
- ☐ I am already in Australia and have an existing Overseas Student Health Cover Policy *(Please attach evidence of existing OSHC cover)* — ☐ Couples cover for myself and my spouse
- ☐ I am organising my own OSHC — ☐ Family cover for myself and my children
- ☐ I am holding another form of visa other than a student visa and do not require OSHC
- ☐ I am a Norwegian/Swedish/Belgian student and do not require OSHC

Application Source

How did you hear about the University of South Australia?

Personal Representative

Do you wish to authorise the University of South Australia to release information about your application to another person on your behalf? ☐ Yes ☐ No

| | | |
|-------------------|--------------|----------------------|
| Title: | Family Name: | Given Name: |
| Telephone number: | Email: | Relationship to you: |

Applicant Declaration

I declare that I have read; understood and agree to the Declaration on the next page

Name Signature

Are you under 18 years of age? ☐ Yes ☐ No

If you are under the age of 18 at the time of submitting this application, you must provide your parent/guardian details and consent to apply

| | | |
|-------------------|--------------|--|
| Title: | Family Name: | Given Name: |
| Telephone number: | Email: | Relationship to you: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian |

Application Declaration

- I declare that the information provided by me in this application is true and accurate to the best of my knowledge. I agree to tell the University of South Australia immediately if there is any change to the information I have given in this application. I have read and understood the University's Guidelines on Payment and Refund of Fees for International Students
- I confirm I have sufficient financial resources to pay for travel, tuition and living expenses for myself and any dependants for the duration of my stay in Australia. I understand that if I obtain work in Australia this is considered an opportunity for social interaction and not as a source of income.
- I confirm I am a genuine student and I intend to obtain a successful education outcome and stay in Australia temporarily. I understand the University of South Australia may refuse to assess my application, withdraw an offer or cancel my enrolment if it forms the opinion that I am not a genuine temporary entrant as defined by Australian immigration authorities.
- I authorise the University of South Australia to make enquiries and obtain information and my official records from third parties including but not limited to the Department of Immigration and Border Protection, government bodies, educational institutions previously attended by me, former or current employers and financial institutions. I understand that the University may release my personal information to the University's partner educational institutions, government departments or any other relevant bodies for verification and assessment. I understand that any information obtained will be kept on record and considered when assessing my application for entry into the program.
- I authorise the University of South Australia to access Australian immigration Visa Entitlements Verification Online (VEVO) service at any time to obtain information on my Australian visa status.
- I understand that the University of South Australia may vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, incomplete or fraudulent information or documentation. I understand that the University of South Australia may, in these circumstances, impose an application or enrolment ban on me for a period. I understand the University of South Australia reserves the right to inform other institutions and the relevant government departments of the provision of any such fraudulent documentation or information.
- I understand that the University has obligations under Australian Government legislative requirements and may refuse to assess my application, withdraw an offer or cancel my enrolment as its sole discretion.
- I acknowledge that the documents submitted with my application become the property of the University and will not be returned to me.