



**APPLICATION FOR ADMISSION
 STUDY ABROAD PROGRAM**

*To be completed and returned to the International Office by either:
 1 January for 1st Semester (February to June), or
 1 June for 2nd Semester (July to November)*

TO STUDY IN

Academic Year	Semester <u>First</u> (Feb-June) <input type="checkbox"/> <u>Second</u> (July-Nov) <input type="checkbox"/>
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PERSONAL DETAILS

Family Name		Other Names	
Nationality	Title (Mr/Mrs/Miss/Ms)	Date of Birth (Day/Month/Year) / /	Sex (Male/Female)
Citizenship	Passport Number	Country of Issue	

ADDRESS FOR CORRESPONDENCE

Address - Street Number and Name		Suburb/City	
Postcode	Country (if not Australia)	Phone Home: () Bus: ()	Fax () Email

PERMANENT HOME ADDRESS (IF SAME AS ABOVE LEAVE BLANK)

Address - Street Number and Name		Suburb/City	
Postcode	Country (if not Australia)	Phone Home: () Business: ()	Fax ()

Do you have a disability or on-going medical consideration which will require you to seek special assistance from the University eg. Learning/visual impairment, mobility

ACADEMIC INFORMATION

What Institution are you currently enrolled at?
What course are you currently studying? <i>(Please include an official transcript)</i>

ENGLISH INFORMATION

If English is not your first language please indicate what level of Academic English has been attained? (E.g. TOEFL 550, IELTS 6.0 overall)	
Test and Result:	First Language (if not English):

OTHER INFORMATION

Please list anything else you feel would support your application:

SUBJECTS YOU WISH TO STUDY AT SOUTHERN CROSS UNIVERSITY

Study the Calendar for descriptions of courses offered at Southern Cross University. Discuss these choices with your lecturers or Course Co-ordinator to decide whether they will be appropriate for you and whether you will receive credit for them at your home institution. Not all courses listed in the Calendar are available each semester. You should consider a wide selection of alternative courses to allow flexibility when registering.

Code No.	Subject	Semester

AUTHORISATION STATEMENT

I declare that the information supplied by me on this form is correct in every particular. I acknowledge that Southern Cross University reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information. I authorise Southern Cross University to obtain from other educational institutions and relevant authorities details of my enrolment, academic record, examination results and bond status.

Signature:	Date: / /
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