

Application for Admission

to study Southern Cross University (SCU) courses at Sydney College of Business and Information Technology (SCBIT)

Applications should be submitted to the SCBIT International Office (telephone +61 (0)2 8114 2500):

in person: Level 7, Prince Centre, 8 Quay Street Haymarket, Sydney
by fax: +61 (0)2 8114 2592

by post: PO Box K534, Haymarket, NSW 2000 Australia
by email: admission@scbit.edu.au

Please print CLEARLY in black ink using BLOCK letters

PERSONAL DETAILS (as shown on passport)

Title (Mr Mrs etc)	Family Name/Surname	First Given Name	Other Given Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred or Adopted Name

Gender (M/F)	Date of Birth (dd/mm/yy)	Country of Birth	Country of Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If not born in Australia:

Do you hold a current Australian visa? Yes No (If 'No', what visa do you intend to apply for?)
 Student Tourist/Visitor Humanitarian /Other

Correspondence Address (Agent if applicable)	Home Country Address	Australian Accommodation Address (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
Tel	Email	Email
Fax	Tel	Tel

Do you have a disability or condition which needs consideration to facilitate your studies? Yes No (If 'Yes', attach details.)

Have you previously enrolled at SCBIT? Yes No (If 'Yes', supply SCBIT student number.)

APPLICATION DETAILS

For a list of courses and fees see <http://www.scbit.edu.au>

Course Name	Commencing Study Period				Commencing Year
Associate Degree	Feb	<input type="checkbox"/>	Jun	<input type="checkbox"/>	<input type="text"/>
Bachelor	Feb	<input type="checkbox"/>	Jun	<input type="checkbox"/>	<input type="text"/>
Graduate Certificate	Feb	<input type="checkbox"/>	Jun	<input type="checkbox"/>	<input type="text"/>
Graduate Diploma	Jan	<input type="checkbox"/>	May	<input type="checkbox"/>	Sep <input type="checkbox"/>
Master	Jan	<input type="checkbox"/>	May	<input type="checkbox"/>	Sep <input type="checkbox"/>
Doctor of Business Administration	Jan	<input type="checkbox"/>	May	<input type="checkbox"/>	Sep <input type="checkbox"/>

ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Yes No (If 'No', what is your first language?)

Was English the language of instruction in previous secondary/tertiary studies? Yes No (If 'Yes', provide details below.)

Course(s) completed in English	Combined Duration (in years)
<input type="text"/>	<input type="text"/>

Have you completed a test of English proficiency in the last 2 years? Yes No (If 'Yes', provide details below.)

Date Taken (dd/mm/yy)	English Test Name	Overall Results (if known)	Lowest Band	Test Report Form Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(If you answered 'No' to all of the above English language proficiency questions, you must sit an approved English test and advise us of the results before an Offer of Admission can be made. **NB:** Australian visa regulations require all applicants from specified countries to sit an IELTS test if they have not undertaken an IELTS test in the 2 years prior to visa application.)

QUALIFICATIONS

SECONDARY SCHOOL STUDIES

Qualification Name	School/Institute Name	State/Country	Year Completed

Are you CURRENTLY studying your final secondary school year? Yes No (If 'Yes', provide details below.)

Due Completion Date (dd/mm/yy) Qualification Name

TERTIARY STUDIES e.g. university, technical college, polytechnic etc.

From mm/yy	To mm/yy	Full-time/ Part-time	Degree/Qualification Name	Institute Name	State/Country	Year Completed

If insufficient space, please attach a separate sheet giving additional details.

Are you CURRENTLY attempting a final year of tertiary study? Yes No
(If 'Yes', please indicate the date the results will be available and the qualification name.)

Due Completion Date (dd/mm/yy) Qualification Name

Have you been excluded or are you liable for exclusion, on academic or other grounds, from any tertiary institute, faculty and/or course following a previous enrolment? (If 'Yes' attach details.) Yes No

Are you seeking advanced standing for previous tertiary study or professional/voluntary experience or expertise? Yes No
(If 'Yes', complete the 'Application for Advanced Standing' form, available at <http://www.scu.edu.au/mybusiness/index.php/18/>)

RELEVANT EMPLOYMENT HISTORY (for postgraduate applicants)

From mm/yy	To mm/yy	Full-time/ Part-time	Employer Name	Position

Please attach résumé, including employment evidence: employer contact details, length of service, full or part time capacity, and duties.

APPLICATION CHECKLIST

Application for Admission is complete and legible	<input type="checkbox"/>	Proof of Aust. residency/citizenship attached (if applicable)	<input type="checkbox"/>
Copy of passport attached (including personal details)	<input type="checkbox"/>	Secondary/tertiary transcript(s) attached (including an explanation of the grading system)	<input type="checkbox"/>
Disability/condition details attached (if applicable)	<input type="checkbox"/>	Tertiary Testamur(s) or Certificate(s) attached	<input type="checkbox"/>
English proficiency evidence attached (test date <2 years ago)	<input type="checkbox"/>	Evidence of employment history attached (for postgraduates)	<input type="checkbox"/>
		Application for Advanced Standing attached (if applicable)	<input type="checkbox"/>

Please note: All documents submitted must be originals or certified copies of originals. Non-English documents must be translated into English by an accredited translation authority. Certification and translation guidelines can be downloaded from <http://www.scu.edu.au/mybusiness/index.php/18/>. Please keep a copy of this form for reference.

CHECKLIST FOR DAY 1 OF ORIENTATION (you must attend orientation)

Provide certified copy of visa (from passport) and Visa Grant Notification (including Visa Grant Number and visa conditions) Show us all original application documents

DECLARATION (your application will not be considered if this declaration is not signed)

The personal information you provide on this form is protected by the New South Wales Privacy and Personal Information Protection Act 1998 and the health information is protected by the Health Records and Information Privacy Act 2002. Details regarding the operation of the Acts are contained in Southern Cross University's Privacy Management Plan and may be viewed at: www.scu.edu.au/policy/privacy.

I declare that I have read the International Application form and that all the information submitted is correct and complete and I accept the conditions of the application. I consent to the terms and conditions set out in the International Application form and at www.scu.edu.au/policy/privacy in respect of handling my personal information, including health information. I consent to the University independently verifying the information, including personal and health information. I acknowledge it is my responsibility to provide all necessary information and documentary evidence in support of my application. I acknowledge that the University reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information. I authorise the University to obtain from other educational institutions, past employers and relevant authorities details of my enrolment, academic record, examination results and employment history. I also authorise the University to make the information I have provided available to relevant Australian government agencies as they deem necessary and as required by law. I understand and acknowledge that the University may withdraw the offer until such time as the offer has been accepted by me. I acknowledge that the University will not be liable for any loss or damage whatsoever which I or any other person may suffer as a result of my admission being terminated in accordance with this condition. I authorise the University to collect, receive, store, transfer, use and disclose all such information in or connected with the application for research purposes and I give these authorities on condition that all information provided pursuant to them is de-identified by the University. I agree to abide by the Rules, policies and procedures of the University (as they may be from time to time). I understand and acknowledge that the University is collecting the information in this form for the purpose of assessing my application. I consent to the above use of my personal information, including health information.

Applicant's Signature Date (dd/mm/yy)

Office use only	Date Rec'd	<input type="text"/>	Assessed by	<input type="text"/>	Cond.	<input type="text"/>
	Admit.	<input type="text"/>	SCBIT ID	<input type="text"/>	SCU ID	<input type="text"/>