

# 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 post:** PO Box K534, Haymarket, NSW 2000 Australia  
**by fax:** +61 (0)2 8114 2592 **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

Preferred or Adopted Name

Gender (M/F)	Date of Birth	Country of Birth	Country of Citizenship
	dd / mm / yy		

**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)
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
Bachelor	Feb <input type="checkbox"/> Jun <input type="checkbox"/> Oct <input type="checkbox"/>	
Graduate Diploma in Information Technology	Feb <input type="checkbox"/> Jun <input type="checkbox"/>	
Graduate Diploma in Accounting	Jan <input type="checkbox"/> Aug <input type="checkbox"/>	
Master of Business Administration	Jan <input type="checkbox"/> May <input type="checkbox"/> Aug <input type="checkbox"/>	
Master of International Business	Jan <input type="checkbox"/> May <input type="checkbox"/> Aug <input type="checkbox"/>	
Master of Professional Accounting	Jan <input type="checkbox"/> Aug <input type="checkbox"/>	
Doctor of Business Administration	Jan <input type="checkbox"/> May <input type="checkbox"/> Aug <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)

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

Date Taken	English Test Name	Results (if known)		Test Report Form Number
		Overall	Lowest Band	
dd / mm / yy				

(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  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 below.)

Due Completion Date  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? Yes  No  (If 'Yes', attach details.)

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/business-school/index.php/45>)

### 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/business-school/index.php/45>. 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 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](http://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

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