

INTERNATIONAL STUDENT APPLICATION FORM



Please read this application carefully, complete all sections and ensure all certified copies of your academic transcripts and English language assessments are attached.

Section A: PERSONAL DETAILS

Family name

Given name

Date of birth

Sex

F

M

Nationality

Country of birth

Postal address

Home address

Telephone

Facsimile

Email

Passport Number

Have you previously been enrolled at Chisholm? YES / NO

If "No", go to next question

If "Yes", provide your student ID:

Are you currently studying in Australia? YES / NO

If "No", go to next Section B

What type of Visa do you have? e.g. (Student/Visitor)

When does your visa expire? (Must provide a copy of your Visa) (dd / mm / yyyy)

The expiry date of Overseas Student Health Cover

(dd / mm / yyyy)

Please provide a copy of the first page of your passport

Section B: HOW DID YOU FIND OUT ABOUT CHISHOLM?

Relative / friend

Chisholm Official Representative

Internet



**Indo-Australian
Education Centre**

Suite - 908, Level - 9,
365 Lt Collins Street, Melbourne,
Victoria 3000, Australia.

Phone: +61 3 9670 1140

Fax: +61 3 9670 1142

Email: iaec@optusnet.com.au

Section C: COURSE PREFERENCE

Course applying for

Commencing semester and year (eg February 2007)

Where a course is offered at more than one campus, please indicate your preference

Berwick

Dandenong

Frankston

Cranbourne

Others

I wish to apply for a package offer with

Section D: ENGLISH LANGUAGE PROFICIENCY

English was the language of instruction YES / NO If "Yes" please attach documents to prove this

If "No", go to next question

Completed Advanced level of ELICOS from (name of School)

Have you taken IELTS test before?

If "Yes" please provide the information below

If "No", go to section E

Date of test (dd / mm / yyyy)

Overall Score:

Chisholm Institute • MELBOURNE AUSTRALIA

