



APPLICATION FOR ADMISSION TO A BACHELOR DEGREE



PERSONAL DETAILS					
Family Name			Title e.g. Mr/Mrs/Dr		
Given Names			Male <input type="checkbox"/> Female <input type="checkbox"/>		
Permanent address in home country					
Telephone number in home country					
Fax number in home country					
Address (where we can contact you about your application). If applying through an agent, please put the agent's details here.					
Institut Ranke-Heinemann Schnutenhausstrasse 44 45136 Essen Deutschland Tel.: 0049-201-252552 info@ranke-heinemann.de		Institut Ranke-Heinemann Friedrichstrasse 95 10117 Berlin Deutschland Tel.: 0049-30-209629593 berlin@ranke-heinemann.de		Institut Ranke-Heinemann Universitätsstrasse 11 1010 Wien Österreich Tel.: 0043-1-4060224 wien@ranke-heinemann.at	
Email (Where we can contact you about your application)					
Date of Birth	Day	Month	Year		
Citizenship			Country of Birth		
Do you hold a current Australian visa?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please give category of visa	
Will you be bringing family members on a dependant student visa?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

ENGLISH LANGUAGE PROFICIENCY					
English is the main language spoken in my home		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If no, please indicate language					
<input type="checkbox"/> I will have / or have taken an	<input type="checkbox"/> IELTS test	<input type="checkbox"/> TOEFL test	within the past two years (please tick appropriate box)		
on	Day	Month	Year	Please attach original documentation	
<input type="checkbox"/> I have undertaken studies (secondary/high school/university) for a minimum of two years in which the language of instruction was English. Please attach documentary evidence.					

PREFERRED DEGREE					
Name of Degree (1st choice)		e.g. Bachelor of Business			
Major		e.g. Marketing			
Name of Degree (2nd choice)					
Major					
I wish to study at (tick one only)		<input type="checkbox"/> Townsville	<input type="checkbox"/> Cairns	<input type="checkbox"/> Brisbane	<input type="checkbox"/> Singapore
PLEASE NOTE: NOT ALL PROGRAMS ARE AVAILABLE AT ALL CAMPUSES.					
When would you like to start your studies:					
Townsville or Cairns	Teaching Period (semester)	<input type="checkbox"/> One (February)	<input type="checkbox"/> Two (July)	Year	
Brisbane or Singapore	Trimester	<input type="checkbox"/> One (March)	<input type="checkbox"/> Two (July)	<input type="checkbox"/> Three (November)	Year

EDUCATIONAL QUALIFICATIONS

NAME OF SCHOOL OR INSTITUTION	NAME OF QUALIFICATION OR DEGREE	YEARS ATTENDED (MONTH/YEAR TO MONTH/YEAR)	COURSE COMPLETED (YES/NO)

Please attach certified copies of transcripts of all academic records. (A certified copy means a stamped photocopy signed by a public notary or institution representative or authorised JCU agent as being a true and accurate record of the original document). All documents must be translated into English by the issuing institution or by an official translating service.

CREDIT FOR PREVIOUS STUDY

Are you applying for credit for previous studies? Yes No

If yes, please attach the course syllabus for each of the subjects you wish to seek credit for. If your educational institution has an articulation agreement with JCU, you are not required to submit this documentation.

FINANCIAL SPONSOR

I am being sponsored by the organisation whose details are attached. *Attach official letter to application.*

Other

DECLARATION

DECLARATION (All applicants must complete)

I declare that the information I have supplied on the application form is, to the best of my knowledge, complete and correct. I acknowledge that my application for admission is subject to acceptance by the University which has power to impose conditions. I further acknowledge that in the event my application for admission as a student at the University is accepted by the University, and in consideration of provision of educational resources by the University, I will be bound by the provisions of the relevant student handbooks, statutes, rules and policies of the University as are in force from time to time, and will be subject to the lawful instructions of officers of the University.

PRIVACY

Personal information supplied on this form will be handled in accordance with JCU's Privacy Policy (available at www.jcu.edu.au).

I acknowledge that this information may be provided to other areas of JCU and to third parties for administrative and legislative purposes (under the ESOS Act 2000 and the National Code), including but not limited to the JCU Student Association; JCU's educational representatives and business partners; Australian Commonwealth and State agencies; other academic institutions to verify my previous qualifications; the Fund Manager of the ESOS Assurance Fund; and my Overseas Student Health Cover (OSHC) provider.

Signature

Date

Please send all completed forms to

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