

International Student Application for Cross Institutional Study



CRICOS Provider Number: 01595D

Instructions for applicants:

- This form is for use by applicants seeking to undertake individual courses at the University of the Sunshine Coast for credit transfer to an award program at another education institution.
- Do not complete this form if you are and Australian or New Zealand Citizen, Australian Permanent Resident or Permanent Humanitarian visa holder.
- No application fee
- Applications can only be made for one semester/session at a time

Please return form to:

USC International
University of the Sunshine Coast—ML17
MAROOCHYDORE DC QLD 4558 AUSTRALIA
Fax: +61 7 5430 2836
Email: study@usc.edu.au

Personal details

Have you been previously enrolled at the University of the Sunshine Coast? No Yes—Student ID number: _____

Title: Mr/Mrs/Miss/Ms/Dr/Other _____ Date of Birth: __ / ____ / ____ Day/Month/Year Sex: Male Female
(as shown on Passport) (eg 21/January/1979)

Family name: _____ Given names: _____

Country of Birth: _____ Citizenship: _____

Passport Number: _____ Date of Issue: ____ / ____ / ____ Country of Issue: _____
(if available)

I will be studying on campus **OR** I will be studying online

I have a visa that allows study Type of visa: _____ (please attach a copy)

I give USC permission to access 'Visa Entitlement Verification Online' (VEVO) to confirm my visa permits study

Address / contact details

Number and street: _____

Town/City: _____ State: _____ Country: _____

Postcode/Zip: _____ Email: _____ @ _____

Telephone: Country Area Local number _____ Mobile: _____ Fax: Country Area Local number _____

Permanent address in home country (if different from above)

Number and street: _____ Town/City: _____ State: _____

Country: _____ Postcode/Zip: _____ Telephone: Country Area Local number _____

English language proficiency

Yes—English is my first language **No**—my first language is: _____

(Evidence of first language may be requested)

If English is **not** your first language please fill in the following and attach documentary evidence.

English proficiency test taken (eg Cambridge, IELTS, TOEFL, DAAD): _____ Score: _____ Date: ____ / ____ / ____

I intend to sit for an English proficiency test: _____ Test date: ____ / ____ / ____

I applied for/am currently taking an English Language Program at USC.

I have successfully completed a course delivered entirely in English, within the last five years, for:

- two years full-time secondary study one year full-time University level study one year full-time other post-secondary

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Proposed course/s and semester of commencement

- Ensure that the course you wish to take is offered in the semester in which you plan to enrol. Course details, including days, times and locations can be obtained from the semester timetable at www.usc.edu.au/Students/Handbook/Timetables/
- Please indicate your preferred lecture, tutorial and/or laboratory/workshop class numbers for each course. You must provide more than one timetable option for each class in the event that your first preference is unavailable.
NB. You may only apply for one semester/session at a time, you may not apply for multiple semesters/sessions on an application form
- Semester and year of study: Semester _____ Year _____

Course Code	Course Title and mode of study (please specify on campus or online)	Lecture Class Number (include up to 3 preferences where possible)	Tutorial Class Number (include up to 3 preferences where possible)	Laboratory/ Workshop Class Number (if applicable)
	<input type="checkbox"/> On campus <input type="checkbox"/> Online	1.	1.	1.
		2.	2.	2.
		3.	3.	3.
	<input type="checkbox"/> On campus <input type="checkbox"/> Online	1.	1.	1.
		2.	2.	2.
		3.	3.	3.

Entry qualifications

Applications are approved on the basis of qualifications presented with your application and availability of places within selected course/s. Documentary evidence of your academic history/qualifications must be attached and submitted with your application.

Documentary evidence includes:

- An official, certified statement of your academic record for tertiary studies undertaken to date. Photocopies of official statements / documentation should be certified by a Justice of the Peace or relevant certifying authority. Documents not in English must be accompanied by official certified English translations.
- If you are awaiting results please forward official results immediately once available.

Years undertaken (eg from 96 to 98)	Name of course / award and study mode (eg Bachelor of Science)	Institution	Program completed
From YY To YY			<input type="checkbox"/> Yes <input type="checkbox"/> No
From YY To YY			<input type="checkbox"/> Yes <input type="checkbox"/> No
From YY To YY			<input type="checkbox"/> Yes <input type="checkbox"/> No
From YY To YY			<input type="checkbox"/> Yes <input type="checkbox"/> No

Support services

Do you have a disability, impairment or long-term medical condition that may affect your studies?

No Yes Hearing Learning Mobility Vision Medical Other _____

This information is used in a confidential manner by Student Services to assist you in accessing support services.

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Declaration

I agree to pay all fees for which I am liable, and have read and agree to abide by the University of the Sunshine Coast's Student rules, policies, procedures and guidelines and conditions of enrolment, including the Student Fees and Charges Policy, and Student Fees, Charges and Refunds Procedures, which are available on the USC website www.usc.edu.au/students/international/rules

I consent to information collected about me on this form being disclosed if authorised or required by law, and/or in certain circumstances the Australian Government and/or designated authorities authorised by the University, in accordance with the University's Privacy Plan available at www.usc.edu.au/privacyplan

I declare that the information I have provided on this application form is true and complete and authorise the University of the Sunshine Coast to obtain further information required to complete enrolment.

I agree to immediately notify the University of the Sunshine Coast of any changes to the information I have given in this application form, including a change of address.

I understand the University of the Sunshine Coast reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

I understand that in signing this declaration I am authorising USC to access my visa details via the VEVO to verify that my visa status allows me to undertake cross institutional study at USC.

I understand that if I am on a student visa, I must remain compliant with the conditions of that visa, and obligations under ESOS rest with my home institution (on whose confirmation of enrolment I received a student visa).

I agree that I am fully responsible for all education and living expenses, both for myself and for all my dependants that accompany me while I am studying at the University of the Sunshine Coast, and am aware that school-aged dependants accompanying me will be required to pay full fees at a private or government school in Australia.

I understand that the rights and responsibilities of a student studying in Australia on a student visa are governed by the *Education Services for Overseas Students (ESOS) Act 2000* and the *National Code 2007*, outlined at www.aei.gov.au/Regulatory-Information

This agreement, and the availability of complaints and appeals processes, does not remove my right to take action under Australia's consumer protection laws.

I understand and accept the conditions set out in the declaration above.

Applicant signature: _____ Date: DD / MM / YYYY

Checklist	Home Institution/Agent details
<p><input type="checkbox"/> Have you completed all sections of this application form?</p> <p><input type="checkbox"/> Have you ensured that your home institution has completed page 4 of this application form?</p> <p><input type="checkbox"/> Have you attached certified copies of English proficiency?</p> <p><input type="checkbox"/> Have you attached certified/notarised academic transcripts?</p> <p><input type="checkbox"/> Have you attached certified/notarised copies of graduation certificates?</p> <p><input type="checkbox"/> Have you read and signed the Declaration?</p> <p><input type="checkbox"/> Have you attached certified/notarised copies of official English translations of any documents created in a language other than English?</p> <p>I heard about USC from: _____</p>	

Home Institution Approval

(Application will not be considered until approval from your home institution has been supplied)

- Applicants for Cross-institutional study at University of the Sunshine Coast must ensure that their home institution completes this section.

Approval of courses (subjects)

- To be completed by the relevant Dean/Course Coordinator/Course Adviser or authorised officer.

Approval is given for this student to undertake the following course/s at University of the Sunshine Coast. Upon successful completion of the course/s, academic credit will be transferred to the student's program at the home tertiary institution. Please list each approved course/subject below.

Course Code	Course title	Year and Semester/Session

Applicant is on a student visa: Yes No

If the applicant is in Australia on a Student Visa, approval is given for the applicant to undertake Cross Institutional study at USC and understands that they must remain compliant with their Student Visa conditions and the *Education Services for Overseas Students (ESOS) Act 2000*, and that ESOS obligations for this applicant remain the responsibility of the home institution.

Signature of Authorised Officer: _____ Date: DD / MM / YYYY

Name and position: _____

Contact telephone number: Country Area Local number

University/Institution Stamp/Seal

USC Office Use only

To be completed by USC faculty

I have assessed this application and am satisfied that the applicant has sufficient background to undertake the course/s indicated on this application form. I can also confirm that there is availability in the course/s selected and admission is approved.

Comments/approved class numbers: _____

Signature: _____ Date: DD / MM / YYYY