

# INTERNATIONAL STUDENT APPLICATION FORM



**To complete this form:**

- Answer all questions on the form—No application fee
- Use BLOCK LETTERS and tick check boxes where required
- Do not complete this form if you are an Australian/New Zealand citizen, Australian Permanent Resident, or a Permanent Humanitarian visa holder.

Study Abroad applicants please use the Study Abroad Application Form.  
Higher Degree by Research application information is available from the USC website  
[www.usc.edu.au/internationalapply](http://www.usc.edu.au/internationalapply)

Please return form to:  
USC International  
University of the Sunshine Coast—ML17  
MAROOCHYDORE DC QLD 4558 AUSTRALIA  
**Email:** [study@usc.edu.au](mailto:study@usc.edu.au)

## 1.0 PERSONAL DETAILS

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

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Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:	Date of birth:	DAY	MONTH	YEAR	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<small>(AS SHOWN ON PASSPORT)</small>	<small>(EG 21 / JANUARY / 1979)</small>				

Family name:	Given names:
Country of birth:	Citizenship:
Passport number:	Date of issue: DD/MM/YYYY
Country of issue:	
Language spoken at home:	
What visa are you applying for? <input type="checkbox"/> Student visa <input type="checkbox"/> Extension to Student visa: <input type="checkbox"/> Other:	
USC to arrange OSHC*? <input type="checkbox"/> No <input type="checkbox"/> Yes	Type of cover: <input type="checkbox"/> Single cover <input type="checkbox"/> Dual family# <input type="checkbox"/> Multi family+ <input type="checkbox"/> I will arrange my own OSHC cover

\* Overseas Student Health Cover. Additional costs apply. A quote will be provided in your Letter of Offer. If purchased through USC, OSHC Essentials cover will be provided by our preferred provider OSHC Allianz Global Assistance.  
# Either one adult spouse or recognised de-facto partner, or one or more dependant children accompanying the valid Student visa holder.  
+ More than one dependant which can only include one adult spouse or recognised de-facto partner and one or more dependant children accompanying the valid Student visa holder.

### Address / contact details

Number and street:		
Town/City:	State:	Country:
Postcode/Zip:	Email:	
Telephone: COUNTRY AREA LOCAL NUMBER	Mobile:	

### Permanent Address in home country (if different from above)

Number and street:	Town/City:	State:
Country:	Postcode/Zip:	Telephone: COUNTRY AREA LOCAL NUMBER

## 2.0 ENGLISH LANGUAGE PROFICIENCY

### How do you intend to meet USC's English language requirement?

<input type="checkbox"/> English is my first language		
<input type="checkbox"/> English proficiency test (eg Cambridge, IELTS, TOEFL, DAAD):	Score:	Date: DD/MM/YYYY
<input type="checkbox"/> Other (provide details):		

## 3.0 USC PROGRAM

Name of degree program <small>(eg Bachelor of Arts, Master of Professional Accounting)</small>	Mode of Study	Semester or Trimester	Year
	<input type="checkbox"/> On campus <input type="checkbox"/> Online	Semester/Trimester:	

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## 4.0 PREVIOUS and CURRENT SECONDARY and POST-SECONDARY STUDIES (eg High School, TAFE, University)

Institution / School	Name of Award / Qualification	Year completed or year to be completed	Language of instruction	Country	Main fields of study (If post-secondary study)
PREVIOUS STUDIES					
CURRENT STUDIES					

**Academic credit transfer:** Do you want to claim credit?  No  Yes

Would you prefer an offer even if the credit assessment has not been completed?  No  Yes

- ➔ If you tick 'No', an offer will only be sent when the credit assessment has been completed.
- ➔ If you tick 'Yes', you will receive an offer as soon as you are deemed eligible for program entry. Credit assessment advice will follow at a later date.

## 5.0 SUPPORT SERVICES

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

No  Yes ➔  Hearing  Learning  Mobility  Vision  Medical  Other:

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

## 6.0 TERMS AND CONDITIONS

All information supplied in this application form and any supporting documentation must be true and correct. USC must be notified of any changes to the information provided.

Submitted documents supporting this application become the property of the University and will not be returned to me.

USC reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.

Where an application has been submitted to USC and or where funding is provided via a third party (e.g. USC representative or partner, external funding body), USC may communicate with the third party regarding the application and enrolment at USC.

The information collected on this form may be 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 Information Privacy—Governing policy available at [www.usc.edu.au/privacyplan](http://www.usc.edu.au/privacyplan) and where applicable, the Director of the Tuition Protection Scheme, pursuant to obligations under the Education Services for Overseas Students (ESOS) Act 2000 and the National Code 2018.

### CHECKLIST

- Complete all sections of this application form
- Attach certified copies of English proficiency, academic transcript(s), and completion certificate(s)
- Attach official translations of documents (if applicable)
- Attach employment history details (if applicable)
- Read and sign the Terms and Conditions

I heard about USC from:

### HOME INSTITUTION / AGENT DETAILS

By signing and submitting this application, I declare all the information I have provided is accurate and that I agree to the terms and conditions as outlined in 6.0.

Signature:	Date:
Name:	