Please return your completed application form, documentation and application fee to:

**Postal Address:**
International Office
Flinders University
GPO Box 2100
Adelaide SA 5001
AUSTRALIA
Fax No: 61 8 8201 3177

**Courier Address:**
International Office
Flinders University
Registry Building
Sturt Road
Bedford Park
SA 5042
AUSTRALIA
Email: internationalapply@flinders.edu.au

**International Office**
Phone: +61 8 8201 2727
www.flinders.edu.au/international

CRICOS PROVIDER NUMBER 00114A

Online payments can be made by VISA/Mastercard using the University’s secure internet payment system, go to Internet Payments, select International Student Application Fee, and complete the details as instructed.

**Total Amount $60.00 (AUD)**

Office Use Only Date Received
### FLINDERS UNIVERSITY

**Undergraduate Application Form**

If you are a citizen of Australia or New Zealand or you have Australian Permanent residency - **DO NOT USE THIS FORM**

---

**PERSONAL DETAILS**

<table>
<thead>
<tr>
<th>HAVE YOU PREVIOUSLY APPLIED TO FLINDERS UNIVERSITY?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Family Name**

**Given Name**

<table>
<thead>
<tr>
<th>Title (tick box)</th>
<th>MR</th>
<th>MRS</th>
<th>MS</th>
<th>MISS</th>
<th>DR</th>
<th>OTHER</th>
<th>...........</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Day / Month / Year</th>
</tr>
</thead>
</table>

**Full Name as it appears on Passport**

<table>
<thead>
<tr>
<th>Citizenship</th>
</tr>
</thead>
</table>

**Country of Birth**

<table>
<thead>
<tr>
<th>Applicant's Address in Home Country</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td>Telephone</td>
</tr>
</tbody>
</table>

**Email**

*This is important as all correspondence will be sent to you via email*

**Applicant's Address in Australia (if any)**

<table>
<thead>
<tr>
<th>Applicant's Address in Australia (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
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<tr>
<td>Telephone</td>
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</tbody>
</table>

**Disability**

<table>
<thead>
<tr>
<th>Do you have a disability which requires special consideration?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Refer to the University's Disability Action Plan at


**Course Preferences**

<table>
<thead>
<tr>
<th>Preferences</th>
<th>Degree Title</th>
<th>Stream/Major</th>
<th>Semester 1 or 2 Start</th>
<th>Year to Start YYYY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are you coming to Australia to study?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If no, do you want to study full time or part time

<table>
<thead>
<tr>
<th>F/T</th>
<th>P/T</th>
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</thead>
</table>

Have you applied for a scholarship?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If yes, which scholarship?
FLINDERS UNIVERSITY
Undergraduate Application Form

Secondary and/or Tertiary courses
Please provide details of all secondary, university or other post-secondary courses you have completed or commenced [Attach additional sheets if necessary]

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>NAME OF INSTITUTION</th>
<th>LANGUAGE OF INSTRUCTION</th>
<th>START YEAR</th>
<th>FINISH YEAR</th>
<th>COMPLETED?</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

FOR CURRENT COURSE: DO YOU EXPECT TO COMPLETE THIS COURSE?
YES  NO  

Credit Transfer is a process which allows students to seek recognition for previous studies completed after secondary school. When we receive your credit transfer application we will compare the level and content of topics you have already completed with the syllabus and learning outcomes of topics in the Flinders course you are about to undertake.

APPLICATIONS FOR CREDIT TRANSFER MUST BE ACCOMPANIED BY:
• AN OFFICIAL TRANSCRIPT OF RESULTS FROM PREVIOUS STUDIES
• A COPY OF THE SUBJECT DESCRIPTION FOR EACH SUBJECT AT THE TIME STUDIES WERE TAKEN (INCLUDING COURSE DESCRIPTION, NUMBER OF CONTACT HOURS, ASSESSMENT METHOD (EXAMINATIONS, ASSIGNMENT, PRACTICAL ETC) LANGUAGE OF INSTRUCTION AND FINAL ACADEMIC SCORE)
• IF SUBJECT DESCRIPTIONS ARE IN A LANGUAGE OTHER THAN ENGLISH, PLEASE SUPPLY TRANSLATIONS
STUDENTS MUST NOT CONSIDER EXEMPTIONS GRANTED UNTIL OFFICIAL NOTIFICATION FROM FLINDERS UNIVERSITY IS RECEIVED. REFER TO THE UNIVERSITY POLICY ON CREDIT TRANSFER AT www.flinders.edu.au/ppmanual/student/SecA.htm

ARE YOU SEEKING CREDIT TRANSFER FOR YOUR PREVIOUS POST-SECONDARY STUDIES?
YES  NO  

Do not complete the section below if you are a distance (EXTERNAL STUDIES) student

<table>
<thead>
<tr>
<th>ARE YOU CURRENTLY IN AUSTRALIA?</th>
<th>YES  NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES, STATE VISA TYPE (STUDENT/VISITOR ETC)</td>
<td></td>
</tr>
<tr>
<td>IF YES, AT WHICH INSTITUTION ARE YOU CURRENTLY STUDYING?</td>
<td></td>
</tr>
<tr>
<td>VISA EXPIRY DATE</td>
<td>dd/mm/yyyy</td>
</tr>
<tr>
<td>WILL YOU BE APPLYING FOR A STUDENT VISA TO STUDY AT FLINDERS?</td>
<td>YES  NO</td>
</tr>
<tr>
<td>IF YES, ANSWER THE FOLLOWING:</td>
<td></td>
</tr>
<tr>
<td>A) ARE YOU LODGING YOUR STUDENT VISA APPLICATION IN AUSTRALIA?</td>
<td>YES  NO</td>
</tr>
<tr>
<td>IF YES, FROM WHICH STATE?</td>
<td>NT</td>
</tr>
<tr>
<td>B) ARE YOU LODGING YOUR STUDENT VISA OUTSIDE AUSTRALIA?</td>
<td>YES  NO</td>
</tr>
<tr>
<td>IF YES, FROM WHICH COUNTRY?</td>
<td></td>
</tr>
<tr>
<td>PLEASE ATTACH A COPY OF THE RELEVANT PAGE OF YOUR PASSPORT</td>
<td></td>
</tr>
</tbody>
</table>
**FLINDERS UNIVERSITY**

**Undergraduate Application Form**

**ENGLISH LANGUAGE PROFICIENCY**

**IS ENGLISH YOUR FIRST LANGUAGE?**

| YES | NO | (IF YES GO TO NEXT SECTION) |

**ARE YOU CURRENTLY WAITING FOR ENGLISH LANGUAGE TEST RESULTS?**

| YES | NO |

**PLEASE FILL OUT WHAT APPLIES TO YOU:**

**IELTS**

| OVERALL SCORE | SPEAKING | WRITING | READING | LISTENING | TEST DATE (DD / MM / YY) |

**TOEFL**

| OVERALL SCORE | TYPE OF TOEFL TEST | PBT | iBT | TEST DATE (DD / MM / YY) |

**TWE**

| OVERALL SCORE |

**GCE ORDINARY LEVEL ENGLISH GRADE**

| YEAR |

**COMPLETED AUSTRALIAN YEAR 12**

| YEAR |

**PREVIOUS TERTIARY STUDIES UNDERTAKEN IN ENGLISH (MINIMUM OF 1 YEAR) IN AN ENGLISH SPEAKING COUNTRY**

| YEAR |

**I WILL BE STUDYING AT AN APPROVED ENGLISH LANGUAGE PROVIDER (NOT ALL ENGLISH LANGUAGE PROVIDERS WILL BE ACCEPTED)**

| YES | NO |

**FOR MORE INFORMATION REGARDING APPROVED ENGLISH LANGUAGE PROVIDERS SEE [www.flinders.edu.au/international]**

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**DEPENDENT INFORMATION:**

If you plan to bring your family/children with you, please see the pre-departure guide at [www.flinders.edu.au/international/students/predepartureguide](http://www.flinders.edu.au/international/students/predepartureguide)

---

**CONDITIONS RELATING TO INTERNATIONAL STUDENTS:**


---

**PROXY:**

- IF YOU WISH SOMEONE ELSE CURRENTLY IN AUSTRALIA TO ENQUIRE REGARDING YOUR APPLICATION PLEASE SUPPLY THE FOLLOWING:

| FULL NAME | DATE OF BIRTH (DD / MM / YY) |

---

**DECLARATION**

**I AGREE:**

- TO COMPLY WITH THE RULES ON ADMISSION AND ENROLMENT OF FLINDERS UNIVERSITY
- TO INFORM THE INTERNATIONAL OFFICE IMMEDIATELY IF THERE IS ANY CHANGE TO THE INFORMATION I HAVE GIVEN IN THIS APPLICATION
- SHOULD I SUBSEQUENTLY DECIDE TO CHANGE AGENTS, I WILL NOTIFY MY FORMER AGENT AND FLINDERS IN WRITING OF MY DECISION
- TO ALLOW FLINDERS UNIVERSITY PERMISSION TO CHECK MY VISA ENTITLEMENTS VIA DIAC’S ENTITLEMENT VERIFICATIONS ONLINE

**I UNDERSTAND THAT:**

- THE UNIVERSITY MAY OBTAIN OFFICIAL RECORDS FROM ANY INSTITUTION WHICH I HAVE PREVIOUSLY BEEN ENROLLED
- THE UNIVERSITY MAY VARY OR CANCEL ANY DECISION IT MAKES IF THE INFORMATION I HAVE GIVEN IS INCORRECT OR INCOMPLETE
- THE UNIVERSITY NEED NOT RE-ENROL ME IF I DO NOT COMPLETE MY STUDIES SATISFACTORY EACH YEAR
- I AM FULLY RESPONSIBLE FOR MY EDUCATIONAL AND LIVING EXPENSES WHILE STUDYING AT THE UNIVERSITY
- THE UNIVERSITY IS UNABLE TO PROVIDE ME WITH FINANCIAL ASSISTANCE IF I EXPERIENCE FINANCIAL DIFFICULTIES DURING THE COURSE OF MY STUDIES
- I HAVE READ AND UNDERSTOOD THE CONDITIONS RELATING TO INTERNATIONAL STUDENTS SECTION OF THIS APPLICATION FORM
- I CONSENT TO THE COLLECTION, STORAGE AND DISCLOSURE OF INFORMATION RELATING TO RECORD FALSIFICATION OR OTHER IRREGULAR ACTS IN ACCORDANCE WITH AUSTRALIAN VICE CHANCELLORS' COMMITTEE PROCEDURES

**I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT:**

- I AGREE WITH DECLARATION STATEMENTS ABOVE

**APPLICATION CHECKLIST**

Please provide the following:

- COMPLETED APPLICATION FORM, SIGNED AND DATED
- ENGLISH LANGUAGE TEST RESULTS (E.G. IELTS, TOEFL)
- ACADEMIC TRANSCRIPTS, INCLUDING GRADING SYSTEM (CERTIFIED TRUE COPIES)
- TRANSLATIONS OF YOUR ACADEMIC QUALIFICATIONS (CERTIFIED TRUE COPIES)
- DETAILED COURSE OUTLINES OF PREVIOUS STUDY IF YOU SEEK CREDIT
- COPY OF YOUR PASSPORT, IF AVAILABLE
- APPLICATION FEE, AUD$60

*Certified true copies of originals are required of all official documents. Copies can be certified by any official agent of the University, the Australian Embassy, any office of the Court such as a Justice of the Peace or a Commissioner of Oaths, or by the School or University where your study was completed.*

[Email Form] [Print Form] [Reset Form] [Check Required Fields]
APPLICATION FOR ADMISSION INTO AN HONOURS PROGRAM
INTERNATIONAL STUDENTS

Note: this page needs to be included with all International honours applications for the School of Biological Sciences

I wish to apply for a place in an Honours program commencing

☐ JAN/FEB 20__  ☐ MID YEAR 20__

LAST NAME:

FIRST NAME(S):

PREFERRED NAME:

PROGRAM DETAILS:

I wish to apply for the following program: *(please tick appropriate box)*

☐ HBSC - Bachelor of Science (Honours)
☐ HBSCAB - Bachelor of Science (Animal Behaviour) (Honours)
☐ HBSCCBD - Bachelor of Science (Biodiversity & Conservation) (Honours)
☐ HBSCEN - Bachelor of Science (Environmental Science) (Honours)
☐ HBSCAB - Bachelor of Science (Aquaculture) (Honours)
☐ HBSCMN - Bachelor of Science (Marine Biology) (Honours)
☐ HBSCMNAQ - Bachelor of Science (Marine Biology & Aquaculture) (Honours)
☐ Others (Honours): ___________________________________________

Admitted to a 4 years Honours program (specify program): __________________________________________________________

I wish to study the Honours program on the following basis: ☐ Full-time  ☐ Part-time

PROJECT DETAILS: Please seek approval from the supervisor before submitting your application

TITLE: __________________________________________________________

PRINCIPAL SUPERVISOR: ________________________________ *CO-SUPERVISOR: ________________________________

I certify that to the best of my knowledge all documentation and information submitted or made available by me to the University, whether in relation to any course of study or otherwise, is true, accurate and complete. I acknowledge that the provision of inaccurate or incomplete information by myself, or a certifying authority, may result in the withdrawal of any offer of enrolment, or the cancellation of any enrolment allowed on the basis of acceptance of that offer. I consent to the collection, storage and disclosure of information relating to record falsification or other irregular acts in accordance with Australian Vice-Chancellors’ Committee procedures. I authorize Flinders University to obtain from other educational institutions details of my enrolment and academic record at those institutions. I understand that Flinders University may disclose the personal information I have given in this application to the Department of Education, Science & Training (DEST) and that DEST will collect and store my personal information in the Higher Education Information Management System.

STUDENT’S SIGNATURE: ____________________________ DATE: / /

PLEASE LODGE THE COMPLETED FORM WITH THE BIOLOGICAL SCIENCES SCHOOL OFFICE-RM 201, BIOLOGICAL SCIENCES BLDG (ie; NOT with the Honours Coordinator / NOT with one of the potential supervisors)

SCHOOL OFFICE USE (SUPERVISOR/S) ONLY:

I agree to supervise this student if they are accepted as an Honours student by the Honours Committee:

PRINCIPAL SUPERVISOR: ________________________________ *CO-SUPERVISOR: ________________________________

Supervisors, please indicate: ☐ I am able to supply accommodation for this student  ☐ I request that the School Office locates accommodation for this student

POTENTIAL CLOSE ASSESSORS *(Supervisor to complete details)*:

updated 22/09/10