

POSTGRADUATE APPLICATION FORM

**Please return your completed application form
and documentation to:**

Postal Address:

International Centre
Flinders University
GPO Box 2100
Adelaide SA 5001
AUSTRALIA
Fax No: 61 8 8201 3177

Courier Address:

International Centre
Flinders University
Registry Building
Sturt Road
Bedford Park
SA 5042
AUSTRALIA

International Centre

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

CRICOS PROVIDER NUMBER 00114A

APPLICATION CHECKLIST	☐	HAVE YOU COMPLETED ALL SECTIONS OF THE APPLICATION FORM?
	☐	HAVE YOU ATTACHED YOUR ORIGINAL ENGLISH LANGUAGE TEST RESULTS (IE. IELTS/TOEFL)?
	☐	HAVE YOU ATTACHED CERTIFIED TRUE COPIES* OF YOUR ACADEMIC TRANSCRIPTS AND DEGREE OR DIPLOMA CERTIFICATE (WHERE APPROPRIATE)?
	☐	HAVE YOU INCLUDED CERTIFIED TRANSLATIONS OF YOUR ACADEMIC QUALIFICATIONS (ORIGINAL OR CERTIFIED TRUE COPIES)?
	☐	HAVE YOU INCLUDED DETAILED COURSE OUTLINES OF PREVIOUS STUDIES IF YOU ARE APPLYING FOR CREDIT?
	☐	HAVE YOU ATTACHED A COPY OF YOUR PASSPORT?
	☐	HAVE YOU SIGNED AND DATED THE APPLICATION?

*Original or certified true copies are required of all official documents. Copies can be certified by any official agent of the University (see <http://www.flinders.edu.au/international/students/agents/> for a complete list), the Australian Embassy, any officer of the Court such as a Justice of the Peace or Commissioner of Oaths, or by the School / University where the study was completed.

Office Use Only Date Received

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

EDUCATIONAL AGENTS	AGENT STAMP
	AGENT EMAIL CONTACT

Please write clearly in CAPITAL LETTERS

We may contact you by post, email or telephone so it is important that you complete all your details. If you apply through an agent, please ensure your own contact details, including your email address, are provided. These should be different to those of your agent.

PERSONAL DETAILS	HAVE YOU PREVIOUSLY APPLIED TO FLINDERS UNIVERSITY?		YES ☐	NO ☐
	IF YES, PLEASE GIVE YOUR STUDENT NUMBER			
	FAMILY NAME			
	GIVEN NAME			
	TITLE (TICK BOX)		MR ☐	MRS ☐
			MS ☐	MISS ☐
			DR ☐	OTHER ☐
				
	GENDER		M ☐	F ☐
	DATE OF BIRTH		DAY MONTH YEAR	
	FULL NAME AS IT APPEARS ON PASSPORT			
	CITIZENSHIP			
	COUNTRY OF BIRTH			
	APPLICANT'S ADDRESS IN HOME COUNTRY			
			STATE	
	COUNTRY		POSTCODE	
	TELEPHONE NUMBER		FAX	
	MOBILE NUMBER			
	EMAIL			
*this is important as all correspondence will be sent via email				
APPLICANT'S ADDRESS IN AUSTRALIA (IF ANY)				
		STATE		
COUNTRY		POSTCODE		
TELEPHONE NUMBER		FAX		
MOBILE NUMBER				

DISABILITY	DO YOU HAVE A DISABILITY WHICH REQUIRES SPECIAL CONSIDERATION?	YES ☐	NO ☐
	REFER TO THE UNIVERSITY'S DISABILITY ACTION PLAN AT www.flinders.edu.au/ppmanual/equal-opportunity/disability.cfm		

COURSE PREFERENCES	PREFERENCES	COURSE TITLE	DISTANCE/ ON CAMPUS	STREAM/MAJOR	SEMESTER 1 OR 2 START	YEAR TO START
	1ST PREFERENCE					
	2ND PREFERENCE					
	3RD PREFERENCE					
	4TH PREFERENCE					
	DO YOU WANT TO STUDY FULL TIME OR PART TIME (DISTANCE STUDENTS ONLY)					
	HAVE YOU APPLIED FOR A SCHOLARSHIP?				YES ☐	NO ☐
	IF YES, WHICH SCHOLARSHIP?					

Higher Degree Research applicants only answer below:

RESEARCH	HAVE YOU INCLUDED A RESEARCH PROPOSAL WITH YOUR APPLICATION?	YES ☐	NO ☐
	HAS A FACULTY MEMBER AT FLINDERS UNIVERSITY AGREED TO SUPERVISE YOUR RESEARCH?	YES ☐	NO ☐
	IF YES, PLEASE SPECIFY THE NAME OF THE SUPERVISOR		

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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)

EDUCATIONAL QUALIFICATIONS	COURSE TITLE (EG. YEAR 12, BACHELOR OF ARTS)	NAME OF INSTITUTION	LANGUAGE OF INSTRUCTION	START YEAR	FINISH YEAR	COMPLETED? YES/NO
FOR CURRENT COURSE: DO YOU EXPECT TO COMPLETE THIS COURSE?					YES ☐	NO ☐

Credit Transfer

Credit Transfer is a process which allows students to seek recognition for previous studies completed after high 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.

CREDIT TRANSFER	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/credit-transfer.cfm	
	ARE YOU SEEKING CREDIT TRANSFER FOR YOUR PREVIOUS POST-SECONDARY STUDIES?	YES ☐ NO ☐

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	READING	WRITING	SPEAKING	LISTENING	TEST DATE
	TOEFL OVERALL SCORE					TEST DATE
	TYPE OF TOEFL TEST (PBT/CBT/IBT)					
	GCE ORDINARY LEVEL ENGLISH GRADE					YEAR
	AUSTRALIAN YEAR 12 TER SCORE					YEAR
	PREVIOUS UNIVERSITY STUDIES UNDERTAKEN IN ENGLISH (MINIMUM OF 1 YEAR)					YEAR
	I WILL BE STUDYING AT AN 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-students/study-at-flinders/pathway-and-preparatory-programs.cfm						

Employment History

Please only list the work history that is relevant to the degree(s) for which you have applied, attach additional sheets if necessary. Applications for courses that ask for relevant work experience as part of entry requirements will need to be supported by letters from your past employer(s) outlining your duties and verifying your period of employment. Attach your curriculum vitae.

EMPLOYMENT HISTORY	OCCUPATION	EMPLOYER	YEARS EMPLOYED

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DEPENDENT INFORMATION	IF ACCEPTED AS A STUDENT DO YOU INTEND TO BRING YOUR SPOUSE WITH YOU?	YES ☐	NO ☐
	IF ACCEPTED AS A STUDENT DO YOU INTEND TO BRING ANY DEPENDENT CHILDREN WITH YOU?	YES ☐	NO ☐
	If any of your children are of school age provision must be made for their education. A child is of school age between 6 and 18 years of age and includes a child who is 5 but will be 6 during the school year. Information about schools and costs in South Australia is available at http://www.decs.sa.gov.au/portal/community.asp		

CONDITIONS	CONDITIONS RELATING TO INTERNATIONAL STUDENTS
	Refer to the University's full set of policies at www.flinders.edu.au/ppmanual/ and the Refund Policy at www.flinders.edu.au/ppmanual/student/SecF_refund.htm

PROXY	PROXY		
	• IF YOU WISH SOMEONE ELSE CURRENTLY IN AUSTRALIA TO ENQUIRE REGARDING YOUR APPLICATION, PLEASE SUPPLY THE FOLLOWING:		
	FULL NAME		DATE OF BIRTH

Do not complete the Visa Details section below if you are a distance student:

VISA DETAILS	ARE YOU CURRENTLY IN AUSTRALIA?	YES ☐	NO ☐
	> IF YES, STATE VISA TYPE (STUDENT/VISITOR ETC)		
	> IF STUDENT, AT WHICH INSTITUTION ARE YOU CURRENTLY STUDYING?		
	VISA EXPIRY DATE		
	WILL YOU BE APPLYING FOR A STUDENT VISA TO STUDY AT FLINDERS?	YES ☐	NO ☐
	> IF YES, ANSWER THE FOLLOWING:		
	A) ARE YOU LODGING YOUR STUDENT VISA APPLICATION IN AUSTRALIA?	YES ☐	NO ☐
	> IF YES, FROM WHICH STATE?		
	B) ARE YOU LODGING YOUR STUDENT VISA OUTSIDE AUSTRALIA?	YES ☐	NO ☐
	> IF YES, FROM WHICH COUNTRY?		
	PLEASE ATTACH A COPY OF THE RELEVANT PAGE OF YOUR PASSPORT	COMPLETED ☐	

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 AT 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 SATISFACTORILY 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 UNIVERSITIES AUSTRALIA PROCEDURES. I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT:		
	SIGNED		DATE