



in association with



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|---------------------|-------|-------------|-----------------|
| Campus IP | Group | Course Code | Teaching Period |
|---------------------|-------|-------------|-----------------|

Application form

Please print in BLOCK LETTERS

Student Details

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|---|
| Have you ever been enrolled at ECU or WACAE? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, you must supply your previous Student Number: |
| <input type="text"/> |

Personal Details

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| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other |
| Surname/Family name: |
| Given names: |
| If a previous ECU student, has your name changed since you were last enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth: / / (day/month/year) |

Contact Details

Correspondence address (the address to which mail will be sent):

| | |
|-----------------------------------|-------------------|
| Number, Street, Suburb/Town/City: | |
| <input type="text"/> | |
| <input type="text"/> | |
| Country: | Postcode/Zipcode: |

Permanent home address (print "AS ABOVE" if the same as correspondence address):

| | |
|-----------------------------------|-------------------|
| Number, Street, Suburb/Town/City: | |
| <input type="text"/> | |
| <input type="text"/> | |
| Country: | Postcode/Zipcode: |

Contact details:

| |
|---------------------|
| Home telephone: |
| Mobile telephone: |
| Business telephone: |
| Fax: |
| E-mail: |

Course Details

What course are you applying for:

| | | |
|--|------------------------------|------|
| Course title: | | |
| Major Field of Study/Specialisation (if applicable): | | |
| <input type="text"/> | | |
| Attendance type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | |
| Course commencement date: | Expected year of completion: | |
| <input type="text"/> | <input type="text"/> | |
| Day | Month | Year |
| Centre/Partner Institution/Agent (please specify): | | |
| <input type="text"/> | | |

Office Use Only

| |
|----------------------|
| BASIS FOR ADMISSION |
| <input type="text"/> |

Documentation

| | |
|-------------------------|--------------------------|
| Satisfied | <input type="checkbox"/> |
| Unsatisfactory | <input type="checkbox"/> |
| Review ECU results | <input type="checkbox"/> |
| Documentation requested | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Marriage Certificate Requested?

Yes No

English Proficiency:

| | |
|-------------------------|--------------------------|
| Satisfied | <input type="checkbox"/> |
| Unsatisfactory | <input type="checkbox"/> |
| Documentation requested | <input type="checkbox"/> |

Qualified?

Yes No

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|---|
| <input type="checkbox"/> Special conditions of entry: |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Advanced Standing Approved?

Yes No

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| Signature, Executive Dean of Faculty (or Nominee): |
| <input type="text"/> |

UNIT SET CODE

Application Approved?

Yes No

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| Signature, Executive Dean of Faculty (or Nominee): |
| <input type="text"/> |

English proficiency

If your qualifications were gained outside Australia, please provide proof of competence in English language. You must supply evidence to show that your English ability meets our requirements. Undergraduate: TOEFL score (minimum 550, including TWE 5); Computer based TOEFL score of 213 with an Essay rating of 5 or better; GCSE 'O' Level, C Grade; University of Cambridge Certificate of Advanced English, A Grade, or Academic IELTS overall band score of 6.0 (no individual band less than 6.0); Postgraduate: TOEFL score (minimum 570, including TWE 5); Computer based TOEFL score of 230 with an Essay rating of 5 or better; University of Cambridge Certificate of Proficiency in English, Grade C or above; Academic IELTS overall band score of 6.5 (no individual band less than 6.0); a completed award taught in English from an approved higher education institution.

Country of Birth and Citizenship

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| Country of Birth: |
| Citizenship: |
| What is the main language spoken at your permanent home address? |
| |

Education Qualifications

Please indicate and attach certified copies if you have completed or commenced any of the following qualification:

| Tertiary Education Level (list your highest award in each category) | Course Title | Name of Institution | Completed | Year last enrolled or completed |
|--|--------------|---------------------|---|---------------------------------------|
| Higher Doctorate, Doctorate, Master's Degree, Postgraduate diploma/certificate course from a tertiary institution eg. university, institute of technology, college of advanced education etc | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Bachelor's degree course from a tertiary institution eg. university, institute of technology, college of advanced education etc (list your highest award, if equal, list most recent) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Associate degree, Advanced Diploma or Diploma course from a tertiary institution eg. university, institute of technology, college of advanced education, teachers' college etc | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Associate Diploma, Advanced Diploma or Diploma course from a tertiary institution eg. TAFE college, or technical college | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Completed and/or commenced a TAFE or Technical College award (other than Associate Diploma, Advanced Diploma or Diploma) eg. Certificate IV | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Disability registration

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| Do you have a disability, impairment or long term condition which may affect your studies? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please indicate the area of impairment: <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Medical <input type="checkbox"/> Mental <input type="checkbox"/> Mobility <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Other |
| Please specify: |

Education Qualifications (continued)

| Secondary Education Level | Qualification Name | Name of Institution | Year last enrolled or completed |
|--|--------------------|---------------------|---------------------------------|
| Completed final year of secondary education, A Levels, TEE, SAM, VCE or other | | | |
| Have you completed any other qualification? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Will you be applying for advanced standing based on previous studies/ experience? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Applications for MBA and Masters

Relevant Work Experience

Please complete details of any work experience relevant to your application (attach an additional page if necessary).

| Employer/Institution | Period of Employment | Position/Duties |
|----------------------|----------------------|-----------------|
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Applications for Masters or Doctor of Philosophy Programmes by Research

Please attach the following:

1. A brief outline of the research work you wish to undertake (1-2 pages in length) and;
2. If available, details of any publication, learned journals or copies of any published papers.

Document Certification Instructions

All supporting documents must be originals or correctly certified copies of the original documents.

Photocopies, scans, faxes and website printouts are not acceptable. Certification can be carried out by:

- The official records department of the institution that originally issued the documents; or
- Any persons designated and authorised as ‘Agents’ acting for and on behalf of ECU; or
- Any Australian overseas diplomatic mission and Australian Educational Centres (for details of AECs refer to <http://www.studyinaustralia.gov.au>); or
- Notary Public.

Applicants are advised that the authorised officer should verify each document by writing ‘This is a true copy of the original document sighted by me’, then signing the statement, printing their name, address, contact telephone number, profession or occupation or organisation, date verified and including the official stamp or seal of the verifier’s organisation on the copy, if the organisation has such a stamp.

YOUR APPLICATION CANNOT BE ASSESSED WITHOUT RELEVANT DOCUMENTATION ATTACHED.

Declaration

I,,
(please print name)

declare that the following information I have provided in this application is complete and correct and I authorise Edith Cowan University to verify any facts. I understand that if any information is found to be false this application may be cancelled.

If I subsequently accept an offer and enrol in the course I am applying for, I hereby agree that I will observe the Statutes, By-laws and regulations of Edith Cowan University.

I acknowledge that it is my responsibility to enrol correctly in accordance with the Admissions, Enrolment and Academic Progress Rules and course requirements.

I accept sole responsibility and hereby declare that the University will be in no way liable for any breach by me of licenced and/or agreements covering the use of software or the breach of any relevant provisions of the copyright act 1968 (as amended).

I understand that:

- Authority to collect the information on this form is contained in *The Higher Education Support Act 2003*;
- Information is collected for programme administration purposes;
- Information may be shared for these purposes between the Taxation Office, Centrelink, the Department of Education Science, and Training and any other authorised departments;
- Information may not otherwise be disclosed without my consent unless authorised or required by law.

I consent to receiving information electronically unless alternate communication arrangements have been approved by ECU and agree to access the contents of my Edith Cowan University student e-mail account on a regular basis.

I understand that giving false or misleading information is a serious offence under the Criminal Code.

I understand that during the period of my enrolment, Edith Cowan University may require me to provide documentation to verify my citizenship status.

Signed:

Date: / / (dd/mm/yy)

Checklist

Before submitting this application for Course Admission have you:

- Checked that you have completed all sections of this form (including Education Qualifications)?
- Attached certified copies of your education qualifications (excluding those gained at ECU), proof of English proficiency (refer to Documentation Certification Instructions on previous page)?
- Read and signed the Declaration (your application will not be processed without your signature)?

Documents enclosed

Before submitting this application for Course Admission have you:

- Certified copies of entry/education qualifications
- Proof of English language proficiency
- Application for Advanced Standing
- Unit Selection form
- Other

Please specify:

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Please forward all documentation to

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