

1. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
Last name	
First name	
Middle name(s)	
Preferred name (optional)	
Date of birth	____/____/____ (dd/mm/yyyy)
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/>
Have you been known by any other names?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Do you have a disability, impairment or long-term medical condition which may affect your studies?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Citizenship	
Country of birth	
Are you currently in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which country are you applying from?	
Do you have a valid passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport number	

2. Contact Details

Email address	
Home phone number	(+____)
Mobile phone number	(+____)
Country	
Street name & number	
City	
State	
Postcode	

3. Program Information

Proposed start term	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____
or for programs running on trimesters	<input type="checkbox"/> Trimester 1 <input type="checkbox"/> Trimester 2 <input type="checkbox"/> Trimester 3 Year: 20_____
Program code	
Program name	
Specialisation (if applicable)	

Program code (2 nd preference)	
Program name (2 nd preference)	
Specialisation (if applicable)	

4. Secondary Education (ie. high school)

Country	
Name of institution	
Qualification (Abitur/ FH-Reife/ etc.)	
Language of instruction	
Standard program duration (e.g. 3,5 years)	
Last year of studies	

5. Tertiary Education (ie. university, if any)

Are you currently enrolled in a tertiary institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	
Name of institution	
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Language of instruction	
Standard program duration (e.g. 3,5 years)	
Proposed end date	____/____ (mm/yyyy)
Have you already completed another tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	
Name of institution	
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Language of instruction	
Standard program duration (e.g. 3,5 years)	
Last year of studies	

6. English Language Qualification

All applicants are required to provide evidence of their proficiency in the English language.

What is your first language?	
Have you sat an English language test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which test?	
Test Reference Number	

7. Visa Information

Do you currently hold an Australian Visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Do you intend to apply for an Australian student visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No:
Have you or your family members been refused an Australian visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Have you or your family members been refused a visa from any country?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Have you or your family members ever withdrawn a visa application, had a visa cancelled, or overstayed a visa from any other country?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Have you or your family members ever been charged with any criminal offence in any country?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Have you ever been excluded, precluded, suspended or cancelled from your studies by an Australian education provider?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Have you ever been refused admission by an Australian education provider?	<input type="checkbox"/> No <input type="checkbox"/> Yes:

8. Overseas Student Health Cover

I wish for the university of arrange OSHC on my behalf.	<input type="checkbox"/> Yes <input type="checkbox"/> No, I will arrange my own OSHC
I will need the following cover	<input type="checkbox"/> single (for myself only) <input type="checkbox"/> dual (for myself and my partner <u>or</u> children) <input type="checkbox"/> family (for myself and my partner <u>and</u> children)

9. APPLICANT DECLARATION & AGREEMENT

1. I authorise the South Australian Tertiary Admissions Centre (SATAC) to act on the behalf of the University of Adelaide in all matters relating to the processing of this application to enrol in the University of Adelaide.
2. I declare that all the information submitted in my application is true and complete and I agree to comply in a timely manner with any requests from SATAC or the University of Adelaide for the provision of information or supporting documentation.
3. I authorise SATAC and the University of Adelaide to verify any information provided by me and I understand that SATAC and the University of Adelaide have the right to cancel my application if it contains untrue or incomplete information or to cancel or to vary any offer or enrolment which was found to be based on either untrue or incomplete information.

4. I accept that the University of Adelaide has the right to cancel or vary any offer or enrolment if it is found to have been made on the basis of an error by SATAC or the University of Adelaide with regard to the assessment of my application against the selection rules of the University of Adelaide.

5. I authorise SATAC and the University of Adelaide to disclose personal information collected from this application to relevant bodies for the verification and assessment of my qualifications and to obtain official records relating to my application and I understand that SATAC and the University of Adelaide are not responsible if such records cannot be obtained.

6. I authorise SATAC and the University of Adelaide to collect, receive, store, transfer and use any information obtained in connection with this application and to disclose such information to any other authority, third party or tertiary education institution where:

- SATAC and/or The University of Adelaide reasonably consider it necessary to make such disclosure;
- SATAC and/or The University of Adelaide are required by Australian law to do so; or
- for the purposes of allowing another tertiary education institution to contact me with alternative pathways for study to programs offered by the University.

7. I authorise SATAC and the University of Adelaide to use both the information contained in my application and the information derived through the assessment of my application for research purposes relating to tertiary admissions.

8. I declare that I accept SATAC's Privacy Policy visible at <http://www.satac.edu.au/pages/privacy> and the Privacy Policy of the University of Adelaide visible at <http://www.adelaide.edu.au/policies/62/>.

9. I accept that my application fee is not refundable and that no offer can be made unless it is paid excluding those applicants who have supplied a valid fee waiver.

10. I declare that I am seeking temporary entry into Australia as a full-time international student for education purposes only.

11. I understand that SATAC and the University of Adelaide may disclose the personal information I have given in this application to the Department of Education and Training, or its successor, for the purposes of:

- i. use in connection with the Higher Education Information Management System (HEIMS); and/or
- ii. use in connection with the University Applications and Offers Data Collection; and/or
- iii. other collections as the Department of Education and Training, or its successor, may lawfully require from time to time.

12. The documents submitted for my application become the property of SATAC and the University of Adelaide and will not be returned to me.

13. I may be subject to different rules and conditions prescribed by the University of Adelaide and the Australian Government if I change my visa status.

Signature _____ **Date** _____ (dd/mm/yyyy)