

Representative's stamp

Off-campus coursework postgraduate application

- » Please complete all sections and print neatly in BLOCK LETTERS.
- » Include **certified/notarised** evidence of academic qualifications and English language proficiency.
- » Enclose a non-refundable A\$55 (\$50 + 10% GST) application fee (bankdraft made payable to Deakin University or complete the payment by credit card details on the other side of this form).
- » Return this form and attachments to:
**Deakin International, 221 Burwood Highway,
Deakin University, Burwood, Victoria 3125 Australia
Fax: +61 3 9244 5094**
- » Closing date for applications:
 - » for studies commencing semester 1: **15 December**
 - » for studies commencing semester 2: **31 May**

Personal details

Title (Dr, Mr, Mrs, Ms, Miss)	Family name	Given name(s)
Date of birth (day / month / year) <input type="text"/> / <input type="text"/> / <input type="text"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>

Permanent address in home country (If you change your address please advise this office immediately.)

Full address		Country	Postcode
Email		Telephone* ()	Mobile* ()
<small>Country and Area Code</small>	<small>Number</small>	<small>Country and Area Code</small>	<small>Number</small>

Address for correspondence (Only if different from address in home country.)

Full address		Country	Postcode
Email		Telephone* ()	Mobile* ()
<small>Country and Area Code</small>	<small>Number</small>	<small>Country and Area Code</small>	<small>Number</small>

Citizenship

Country of citizenship (as on passport)	Country of birth
Have you applied for Australian Permanent Resident status? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, the date of application / /
Visa type (e.g. student, visitor)	Visa expiry date / /
	Passport number

Course preferences

Indicate your preferred course of study and campus including course codes and titles.

	Course code	Course title	(Major sequence)	Campus	Start date
Example	A726	Master of Arts (International Relations)		B	Semester 1 2009
1st preference					
2nd preference					

Note: Semester 1 starts in mid-February and Semester 2 starts in mid-July.

English language proficiency

You must provide documentary evidence of your English language proficiency to meet Deakin's English language requirements.

- Please tick the appropriate boxes.
- 1) English is my first language Yes No
 - 2) I have sat an IELTS test Yes No (Attach results)
 - 3) I have sat a TOEFL test Yes No (Attach results)

2) Off-campus coursework postgraduate application

Applicant's name: _____

Single unit applicants—unit selection

Are you applying for single units to gain membership into a professional association? Yes No

Off-campus students who have not undertaken formal study in recent years are advised to initially select one or two units (credit points) per semester. A full-time load is equivalent to 4 credit points. List units in order of preference. Although no guarantees can be given, the faculty will attempt to accommodate your request. If quotas are applied to some units, it may not be possible to allocate your higher preferences.

I would like to study units per semester.

Semester 1, Year

Semester 2, Year

	Unit code	Unit name	Unit code	Unit name
1st preference				
2nd preference				
3rd preference				

Education

Provide details of all secondary/tertiary studies undertaken (attach certified/notarised copies of results):

Name of course/award	Institution	Country/State	Years enrolled (e.g. 1995-97)	Full-time or part-time	Successfully completed (yes or no)

Are you applying for advanced standing? (i.e. credit transfer) Yes No

Are you a current or former Deakin University student? Yes No If yes, Deakin University student number _____

Employment history (if applicable)

Please attach a more detailed statement if necessary.

Employer's name	From	To	Description of responsibilities

Special requirements

I have a medical condition or a disability that requires support while I am at Deakin, and have attached a separate statement explaining my needs.

I have provided/will provide any additional application documentation (e.g. folio, personal statements, etc.) as outlined in the course description in the courses section.

Checklist

I will forward required documentation as soon as possible.

I have read the sections of this Guide relating to the courses I have selected, admission procedures, fees and refund policy.

I have paid the A\$55 (\$50 + 10% GST) non-refundable application fee.

I have attached certified/notarised documentary evidence of all my academic studies and associated application documentation (including studies not completed) and grant approval to Deakin University to verify my academic documentation with my previous institutions.

I have attached certified/notarised documentary evidence of English language qualifications.

I have attached employment history details (where applicable).

I have attached two Referee Reports (where applicable).

Declaration

I declare that to the best of my knowledge the information I have supplied in this application and the documentation supporting it is correct and complete.

I will provide original documentation as required and acknowledge that the provision of incorrect information or documentation or the withholding of relevant information or documentation relating to this application may result in cancellation of any offer of enrolment or actual enrolment by Deakin University. I have read and understood the sections of this Guide relating to the courses I have selected, admission procedures, fees and refund policy. I undertake to make timely payments of any fees or associated costs for which I am liable. I am aware of the likely costs of my stay in Australia and have the necessary financial capacity to meet such costs for the duration of my course.

Applicant's signature _____ Date

Please visit www.deakin.edu.au/disclaimer/ for privacy information.

Payment of application fee by credit card

Please charge A\$55 (\$50 + 10% GST) non-refundable application fee to my (please tick) Visa Mastercard

Card number Expiry date

Cardholder name: _____ Cardholder signature: _____

* By supplying your mobile number, please be aware you may receive reminders/notices by SMS.

Deakin University CRICOS Provider Code: 00113B