

INTERNATIONAL STUDENT APPLICATION FORM

- Do not complete this form if you are a permanent resident or citizen of Australia or New Zealand, unless you are a New Zealand resident or citizen applying to study a TAFE course.
- Please enclose a non-refundable A\$75 application processing fee. Your application will not be processed without this fee. Current students and alumni of Victoria University (VU) are exempt from paying this fee if a student ID number is provided. *Scholarship recipients may also be exempt from paying this fee (conditions apply, see page 3).
- All documents must be certified or sighted by a recognised authority (i.e. school, university, VU representative).
- Complete all sections of this form clearly using BLOCK letters in black or blue pen.
- For more information visit: www.vu.edu.au/courses/how-to-apply/international-applications



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

APPLICATION DETAILS

Are you applying through a Victoria University registered agent? YES ☒ NO ☐

The contact details of VU's registered agents can be found at:
eaams.vu.edu.au/BrowseAgents.aspx

Which country are you submitting this application in?

COUNTRY NAME: **Australia**

Agent Stamp

1. PERSONAL DETAILS - PRINT YOUR NAME IN BLOCK LETTERS AS IT APPEARS ON YOUR PASSPORT TO AVOID DELAYS IN YOUR APPLICATION

STUDENT ID: (must be provided if you are a current or former student of VU)

TITLE: ☐ MR ☒ MISS ☐ MS ☐ MRS ☐ OTHER _____ GENDER: ☒ MALE ☐ FEMALE

FAMILY NAME (AS STATED IN PASSPORT): **KAMBOJ**

GIVEN NAME (AS STATED IN PASSPORT): **SAHIL**

COUNTRY OF CITIZENSHIP: **INDIA**

DATE OF BIRTH: / /

2. STUDENT CONTACT DETAILS

ADDRESS TYPE: ☐ SEMESTER ☐ MAILING ☒ HOME

NUMBER AND STREET: **Village- Gamu Wala, Guruharsahai**

SUBURB OR TOWN: **Ferozpur**

STATE/PROVINCE: **Punjab**

COUNTRY: **India**

POSTCODE/ZIP CODE: **152022**

PHONE: **98070 44448**

MOBILE/CELL: **9807044448**

EMAIL: **sahilkamboz100@gmail.com**

3. COURSE PREFERENCES

List courses in order of preference in the table below, including any preferred pathways.

COURSE NAME	COURSE CODE	CRICOS CODE	CAMPUS	COMMENCING SEMESTER (1 OR 2)	YEAR
Example: Bachelor of Business (Accounting)	BBUS-BSPACT	075687K	FP	1	2015
1. Bachelor of Arts					
2.					
3.					
4.					

City Flinders (CF)

City King (CK)

City Queen (CQ)

Footscray Nicholson (FN)

Footscray Park (FP)

Newport (NP)

St Albans (SA)

Sunshine (SS)

Werribee (WB)

4. ARE YOU CURRENTLY IN AUSTRALIA? ☐ YES ☒ NO (If no, go to section 5)

If you are in Australia, tell us whether you have one of these visas or visa exemptions:

☐ AUSAID

☐ PARTNER VISA

☒ STUDENT VISA

☐ TEMPORARY RESIDENT

☐ VISITING SCHOLAR VISA

☐ VISITOR VISA

☐ TOURIST/WORKING HOLIDAY VISA

COUNTRY OF CITIZENSHIP: **India**

ISSUING COUNTRY OF PASSPORT: **India**

PASSPORT NUMBER: **V0668377**

You must attach a copy of your photo ID page from your passport.

VISA NUMBER: _____

VISA START DATE? / /

VISA EXPIRY DATE? / /

5. PREVIOUS VISA HISTORY

HAVE YOU EVER BEEN DENIED ENTRY TO AUSTRALIA OR ANY OTHER COUNTRY?

☐ YES ☒ NO (If yes, attach details of official correspondence)

HAVE YOU BREACHED THE CONDITIONS OF A VISA FOR AUSTRALIA OR ANY OTHER COUNTRY?

☐ YES ☒ NO (If yes, attach details of official correspondence)

6. ARE YOU APPLYING FOR RECOGNITION OF PRIOR LEARNING (RPL)?

☐ YES ☒ NO (If no, go to section 7)

If you selected yes, download and submit with your application a completed Recognition of Prior Learning Application - Higher Education (A04) or Recognition of Prior Learning / Current Competency Credit Transfer Application (A80) with supporting documentation from: www.vu.edu.au/student-tools/student-forms

7. ARE YOU APPLYING FOR MASTERS BY RESEARCH OR A PHD?

☐ YES ☒ NO (If no, go to section 8)

PROPOSED RESEARCH AREA:

PREFERRED SUPERVISOR:

If you are applying to study a Masters by Research or a PhD, you must also:

1. submit a one or two page research proposal
2. nominate two referees who can confirm that you have the ability to undertake high-quality research
3. attach copies of your published papers and/or journals (if available).

For detailed information about selection criteria, research expertise and supervisors visit: www.vu.edu.au/research/expertise-capability/college-based-research

8. ARE YOU CURRENTLY STUDYING?

☐ YES ☒ NO (If no, go to section 9)

If you are currently studying, attach documentation of all results and qualifications received to date.

NAME OF QUALIFICATION OR EXAMINATION:

INSTITUTION:

STATE:

COUNTRY:

DATE COMMENCED: DD/MM/YYYY

WILL YOU COMPLETE THESE STUDIES PRIOR TO COMMENCING AT VICTORIA UNIVERSITY?

☐ YES ☐ NO

DATE FINAL RESULTS ARE EXPECTED: DD/MM/YYYY

9. PREVIOUS STUDIES

Provide documentation of all results and qualifications for both complete and incomplete studies. List your most recent qualification first.

TERTIARY STUDIES (POST-SECONDARY)

NAME OF QUALIFICATION:

SCHOOL / INSTITUTION:

COUNTRY / STATE:

DATE COMMENCED: MM/YYYY

DATE FINISHED: MM/YYYY

NAME OF QUALIFICATION: 12th

SCHOOL / INSTITUTION: Panacea Public School

COUNTRY / STATE: India/Punjab

DATE COMMENCED: 04/2018

DATE FINISHED: 03/2019

SECONDARY STUDIES

NAME OF QUALIFICATION: 10th

SCHOOL / INSTITUTION: Shivalik Senior Secondary School

COUNTRY / STATE: India/Punjab

DATE COMMENCED: 04/2020

DATE FINISHED: 03/2021

10. EMPLOYMENT HISTORY

Providing details of your work experience/employment history may support your application. Attach certified copies of work reference letters from your employer on company letterhead and your resume (if required for course entry). List your most recent employer first and attach additional pages if required.

NAME OF COMPANY:

DATE COMMENCED: MM/YYYY

POSITION AND DUTIES:

DATE ENDED: MM/YYYY

NAME OF COMPANY:

DATE COMMENCED: MM/YYYY

POSITION AND DUTIES:

DATE ENDED: MM/YYYY

NAME OF COMPANY:

DATE COMMENCED: MM/YYYY

POSITION AND DUTIES:

DATE ENDED: MM/YYYY

11. ENGLISH LANGUAGE PROFICIENCY

IS ENGLISH YOUR FIRST LANGUAGE? ☒ YES ☐ NO

HAVE YOU UNDERTAKEN STUDIES IN WHICH THE LANGUAGE OF INSTRUCTION WAS ENGLISH? ☒ YES ☐ NO (If yes, attach evidence from the institution to your application)

HAVE YOU ENROLLED, OR DO YOU INTEND TO ENROL, IN AN ENGLISH LANGUAGE INTENSIVE COURSE FOR OVERSEAS STUDENTS (ELICOS)? ☐ YES ☒ NO

IF YES, AT WHICH INSTITUTION?: _____

START DATE: DD/MM/YYYY

END DATE: DD/MM/YYYY

NUMBER OF WEEKS: _____

HAVE YOU TAKEN, OR WILL YOU BE TAKING, AN ENGLISH TEST? ☒ YES ☐ NO (If no, go to section 11)

WHAT WAS THE NAME OF THE TEST: ☒ IELTS ☐ TOEFL ☐ OTHER (PLEASE SPECIFY): _____

DATE OF TEST: 16/10/2021 TEST SCORE (IF KNOWN) LISTENING 6.5 READING 6.0 WRITING 5.5 SPEAKING 6.0 OVERALL 6.0

12. OVERSEAS STUDENT HEALTH COVER (OSHC)

Overseas Student Health Cover (OSHC) must be arranged for the duration of your visa as a condition of your student visa. Victoria University can arrange health cover with OSHC Worldcare (our preferred provider) on your behalf for the duration of your visa.

- If you pay the full OSHC amount up-front, you are protected against any increases in the OSHC fees for the duration of your visa.
- If you complete your studies earlier than expected, you may be entitled to a refund from OSHC Worldcare.
- Health insurance is your responsibility and current cover must be maintained by students for the duration of their stay in Australia.

DO YOU WANT VICTORIA UNIVERSITY TO ARRANGE OSHC FOR THE DURATION OF YOUR VISA IN AUSTRALIA? ☐ YES ☐ NO

IF **YES**, PLEASE INDICATE WHICH TYPE OF COVER ☐ SINGLE ☐ DUAL FAMILY ☐ MULTI - FAMILY

IF **NO**, REASON GIVEN FOR NOT COMMENCING A NEW OSHC WORLD CARE MEMBERSHIP:

☐ YOU ALREADY HAVE CURRENT OSHC MEMBERSHIP FOR THE DURATION OF YOUR VISA.

HEALTHCARE PROVIDER: _____

OSHC START DATE: DD/MM/YYYY

MEMBERSHIP NUMBER: _____

OSHC EXPIRY DATE: DD/MM/YYYY

☐ YOU WILL ORGANISE OSHC MEMBERSHIP YOURSELF.

13. SCHOLARSHIP/SPONSORSHIP APPLICANTS

HAVE YOU BEEN GRANTED, OR ARE YOU INTENDING TO APPLY FOR, A SCHOLARSHIP OR SPONSORSHIP? ☐ YES ☐ NO (If no, go to section 14)

SCHOLARSHIP / SPONSORSHIP PROVIDER NAME: _____

*VU reserves the right to assess applicants eligibility for application processing fee waiver.

14. DISABILITIES

DO YOU HAVE A DISABILITY, FOR WHICH ADDITIONAL ASSISTANCE IS REQUIRED? ☐ YES ☒ NO (If no, go to section 15)

If yes, please attach information detailing this disability.

15. GUARDIAN ARRANGEMENTS

ARE YOU UNDER 18 YEARS OF AGE? ☐ YES ☒ NO (If no, go to section 16)

If yes, please refer to www.immi.gov.au/students/student_guardians/ for information about arrangements for students under 18 years of age.

If you are under the age of 18 at the time of submitting this application, you must have a parent or guardian sign the declaration on page 4 of this form on your behalf.

16. CHECKLIST

Please ensure you have completed the following before submitting the application.

1. Have you paid the A\$75 application fee or attached payment details? (Bank Cheque or Credit Card) ☐ YES
2. Have you provided proof of your English language proficiency? ☒ YES
3. Have you included true copies of your certificates and academic transcripts, verified by an approved individual or organisation? ☒ YES
4. Have you included any other necessary documents such as a research proposal if you are applying for a research degree? ☐ YES
5. If your course requires evidence of past work experience for admission, have you included a copy of your resume and evidence of experience? ☐ YES

17. DECLARATION

I, _____

(Applicant's full name in BLOCK LETTERS. If the applicant is under 18 years of age, the parent/guardian must complete this section.)

- declare that the information and supporting documentation provided is true and complete.
- acknowledge that the information collected on this form will be used for the purpose of assessing my application to study at Victoria University.
- have read and understand the description of course/s that I am applying for on the Victoria University website at www.vu.edu.au
- declare that any academic results submitted are a complete record of all results that I have obtained from every secondary or post-secondary institution I have attended and acknowledge that failure to disclose my academic record may result in the University revoking an offer or terminating my studies at any stage.
- authorise the University to seek verification of my academic and professional qualifications, work experience and other documentation provided to support my application. I understand that the University reserves the right to inform other tertiary institutions and agencies if any of the material presented to support my application is found to be false.
- understand that the University reserves the right to not issue an offer or revoke an existing offer if it is unable to verify the authenticity of documentation provided to support my application, or if material contained in my application is found to have been copied from other sources and is not my own work.
- acknowledge that Victoria University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect, incomplete or fraudulent information.
- authorise Victoria University to obtain further relevant documentation to support my application, if necessary.
- acknowledge that the University reserves the right to alter any course, subject, admission requirement or fee without notice.
- declare that I am a Genuine Temporary Entrant and Genuine Student and that I have read and understood conditions relating to these requirements on the Department of Immigration and Border Protection (DIBP) website: www.immi.gov.au
- understand that the University may choose not to issue an Electronic Confirmation of Enrolment (eCoE) if the University, its agent or its nominee assesses that I am unlikely to meet the Genuine Temporary Entrant requirements for a student visa, as required by the DIBP.
- understand and accept that I must abide by all terms and conditions of my visa.
- authorise the University to access the Australian Immigration Visa Entitlements Verification Online (VEVO) system at any time to obtain information on my visa status.
- am aware of the tuition and living costs for my stay in Australia and have the financial capacity to meet such costs for the duration of my program. I am responsible for making timely payments of any fees or associated costs and for funding my living costs.
- have read, understood and agree to be bound by the University's refund policy and conditions. This policy is available upon request or at www.vu.edu.au/courses/fees-assistance/refunds/international-refunds
- agree to advise the University within seven days of any subsequent changes to my residential address in Australia.
- acknowledge that the information I provide to the University may be made available to Australian and State Government agencies, pursuant to obligations under the ESOS Act 2000 and the National Code 2007. I recognise that disclosure to Government agencies can include, but is not limited to, information regarding breaches of a student visa condition, changes to my enrolment and/or for visa processing purposes.
- acknowledge that as a public sector agency, VU abides by the Victorian Privacy and Data Protection Act 2014 and the information privacy principles it contains. The University also complies with privacy obligations under the Commonwealth Privacy Act 1988. VU's Information Privacy Policy is available online at: www.vu.edu.au/privacy
- authorise the University to provide my address and details of enrolment to its approved registered agents, if I applied through one of Victoria University's registered agents.
- understand that any school-aged dependants accompanying me to Australia will be required to pay full fees if they are enrolled in a school in Australia.
- understand that any documentation I submit becomes property of Victoria University and will not be returned to me.
- acknowledge that due to various government regulations related to the privacy of applicants, Victoria University cannot disclose information about me to any third party such as parents, friends or relatives without my written consent.
- declare that my signature is true and correct, and matches the signature in my passport.
- have read, understood and accept the above conditions.

SIGNATURE: **X**

DATE: / /

SIGNATURE OF A PARENT/GUARDIAN (IF UNDER 18 YEARS OF AGE): **X**

DATE: / /

If you are under the age of 18 at the time of submitting this application, you must have a parent or guardian sign the declaration on your behalf.

SUBMIT THIS FORM IN PERSON TO:	POST THIS FORM TO:	EMAIL THIS FORM TO:	CONTACT VU INTERNATIONAL
City Flinders Campus (VUHQ) 300 Flinders St Ground Floor (University Arcade) Melbourne, Victoria Australia	Victoria University International City Flinders Campus PO Box 14428 Melbourne Victoria 8001 Australia	intapps@vu.edu.au	Phone: +61 3 9919 1164 Enquiries: eaams.vu.edu.au/enquiries Web: www.vu.edu.au/international

APPLICATION FEE CREDIT CARD PAYMENT

To pay your application processing fee for the amount A\$75.00 (seventy-five Australian dollars) by credit card, complete the details below:

VISA / MASTERCARD CREDIT CARD NO.: _____ EXPIRY DATE: /

CCV NUMBER (Your Credit Card Verification (CCV) number is the last three digits of the number printed on the back of your credit card): _____

CARDHOLDER NAME: _____ CARDHOLDER PHONE: _____

CARDHOLDER EMAIL: _____

SIGNATURE OF CARDHOLDER: **X**

DATE: / /

The credit card transaction will be processed by Victoria University in Australian dollars and will be converted at the current rate on that day by your credit card provider.