

## Application for Bachelor or Master

### 1. Agent Details

I hereby nominate the below Agent to submit this application to Edith Cowan University on my behalf including all necessary documents, and to act as my representative for all future correspondence.

Name of Agent	<b>GOstralia!</b>
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Koeln <input type="checkbox"/> Berlin/Hamburg <input type="checkbox"/> Dortmund

### 2. Applicant Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
First name	
Family name	
Other name(s)	
Preferred name	
Date of birth	___/___/_____ (dd/mm/yyyy)
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____
E-mail address	

### 3. Disability Information

Do you have a disability or ongoing medical condition that will require you to seek special assistance from the University?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ _____
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### 4. Citizenship and Visa Information

Do you already hold a visa that lets you study in Australia? (if yes, attach proof)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Visa Number: _____ _____
Country of birth	
Passport number	
Citizenship	
Have you applied for permanent resident Visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes: ___/___/_____ (dd/mm/yy)
Have you previously applied to or studies at ECU?	<input type="checkbox"/> No <input type="checkbox"/> Yes, ID: _____

### 5. Contact Details (if you currently live in Australia please use Australian address)

Street name & number	
City	
Country	
Postcode	
Home phone	(+___)
Mobile phone	(+___)

## 6. Program Information

Proposed Study Level	<input type="checkbox"/> Undergraduate/Bachelor	<input type="checkbox"/> Postgraduate/Master
Program Code (i.e. L71)		
Program Name		
Program Major (if applicable)		
Campus	<input type="checkbox"/> Joondalup	<input type="checkbox"/> Mount Lawley
Proposed start date	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2 Year: 20_____

## 7. Additional Program Info

Do you apply for <a href="#">Credit and Recognition of Prior Learning</a> ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If your application is not successful do you wish to be offered pathway options by our partner Edith Cowan College (ECC)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## 8. Tertiary Education (if any) (University, etc)

Are you currently enrolled in a tertiary institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Country			
First Year Enrolled		Last Year Enrolled	
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Have you completed this program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you already completed a tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Country			
First Year Enrolled		Last Year Enrolled	
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Have you completed this program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## 9. Secondary Education (High School, etc)

Country	
Qualification (Abitur, FH-Reife, Matura, etc)	
Year of Completion	
Name of institution	

## 10. English Language Qualification

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

Is English your first language?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
My English grades in school are sufficient	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you sat/will you sit an English language test?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Test: _____
Test date	____/____/____ (dd/mm/yyyy)	
Test score (if available)		

## 11. Declaration and Signature

### I DECLARE THAT:

1. this application and that the information provided by me in this application is true and complete. I acknowledge that Edith Cowan University reserves the right to make such enquiries as may be reasonably necessary to verify the information provided by me in this application including verification of any academic qualifications, professional qualifications or work experience declared.
2. I can confirm that I have provided my personal email and residential address. I understand that this information may be verified by Edith Cowan University.
3. I understand that providing false and misleading information to obtain admission and/or credit into a course may lead to a withdrawal of offer and cancellation of enrolment.
4. I can confirm that I have the financial capacity to meet tuition fees, living expenses and all associated study costs for the duration of the proposed program.
5. I understand that when accepting admission into a course with Edith Cowan University, I must agree to comply with the [Statutes, By-laws, Rules and Regulations of Edith Cowan University](#).
6. I understand that future enrolment will be in accordance with the Admissions Enrolment and Academic Progress Rules of Edith Cowan University. I agree to notify ECU of any changes to my residential addresses whether in Australia or another country and to any change in the contact information in the event of an emergency.
7. I understand that any personal information collected will be used and disclosed in accordance with the University's Privacy Policy and that personal information provided during the course of admission, enrolment and subsequently may:
  - be provided to the Commonwealth as required under Commonwealth funding agreements and that Commonwealth officers may disclose this information to other agencies, organisations, bodies or associations for the purposes of improving the provision of higher education or VET and research relating to the provision of higher education or VET, including through surveys;
  - be disclosed to third parties, including third parties overseas, where this is necessary for the provision of information technology services to me; and
  - be used for the purpose of conducting surveys which assist the University in the performance of its statutory functions and improving services. Where this involves disclosure of personal information to third parties it will be under the direction of ECU, and only to the extent necessary to conduct such surveys, and where relevant third parties agree not to make any unauthorised use or further disclosure of relevant personal information.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yyyy)