

## INTERNATIONAL APPLICATION FORM

### SECTION A: YOUR DETAILS

Title :  Mr  Mrs  Miss

First Name:

Last Name:

Date of Birth:

Gender :  Female  Male  Other  
 Non-binary  Prefer not to disclose

Do you identify yourself as:

Aboriginal  Torres Strait Islander  
 None

Nationality:

Country of Birth:

*For International Applicants*

Passport Number:

Passport Expiry Date:

Visa Type:

Main language spoken at home:

Do you have a disability, impairment or long-term condition that will affect your studies?  No  Yes

### SECTION B: CONTACT DETAILS

Please include your permanent address.

Address:

City:

State/Province:

Country:

Postcode:

Email:

Mobile Number:   
(include country code)

Home Number:   
(include country code)

### SECTION C: EMERGENCY CONTACT

First Name:

Last Name:

Relationship to you:

Contact Number:   
(include country code)

Email:

### SECTION D: PREVIOUS EDUCATION AND EMPLOYMENT

Please include originals or certified copies of your academic documents and/or professional accreditations.

Highest Education Qualification:

Completed Date:

Name of Institute:

Do you wish to apply for Credit for Prior Learning?  Yes  No

If yes, please fill up the CPL Application Form available on the website.

**Note: The deadline for late CPL applications is the census date of the trimester in which the student begins study at SHEA.**

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### SECTION E: COURSE SELECTION

#### Choose Course:

**Bachelor of Information Technology** (CRICOS Course Code: 114970B)

**Master of Information Technology** (CRICOS Course Code: 117490E)

#### Preferred Year and Intake

T1: February

T2: May

T3: September

### SECTION F: ENGLISH PROFICIENCY

Is English your first Language?  Yes  No

#### Have you taken any of the following English Proficiency Tests:

IELTS  TOEFL  CAE

CPE  PTE Academic  Others

Test Date:

### SECTION G: OVERSEAS REPRESENTATIVE

Name of Overseas Representative (Agent):

Counsellor:

Country:

Email:

Phone:

### SECTION H: DECLARATION

I certify that the information on this form is current and correct. I acknowledge that I have read and understood Skyline Higher Education Australia policies and procedures. I consent to the collection, processing storage, use, and disclosure of my personal information to the extent set out in Skyline Higher Education Australia's Privacy Policy. I understand that I can contact Skyline Higher Education Australia at [admin@shea.edu.au](mailto:admin@shea.edu.au)

By instructing an Education Agent to complete this Application Form on my behalf, I understand that the Agent is acting on behalf of me and it is my responsibility to read and understand Skyline Higher Education Australia Policies and Procedures.

I authorise Skyline Higher Education Australia to verify the authenticity of my qualifications and/or work experience and/or life experience, and I understand Skyline Higher Education Australia may inform other organisations or regulatory agencies if any of the information in my application is not accurate.

By submitting this application, I agree and declare that the above information is true and correct.

#### Name of Student:

Signature of Student:

Date:

If you need any help in completing this application form, please contact Skyline Higher Education Australia at [admissions@shea.edu.au](mailto:admissions@shea.edu.au) or Skyline Higher Education Australia Agent in your country.

### SECTION I: SUBMITTING APPLICATION

Please submit your application with all the supporting documents at the below email or postal address:

#### Email Details:

[admissions@shea.edu.au](mailto:admissions@shea.edu.au)

#### Postal Address:

Level 3, 136 Chalmers Street, Surry Hills,  
NSW 2010, Sydney, Australia