

ICMS POSTGRADUATE PROGRAMS APPLICATION FORM



PROGRAM DETAILS AND START DATE

Select the postgraduate program you wish to apply for:

- Master of International Business
- Master of Management (Management and Organisations)
- Master of Management (Tourism and Hospitality)
- Master of Event Management
- Graduate Certificate of Business
- Graduate Certificate in Event Management

Select the year and semester in which you wish to start your postgraduate qualification at ICMS:

Year:

Semester: February July October

PERSONAL DETAILS

Title (Mr/Mrs/Ms) Family Name Given Name

Date of birth DAY / MONTH / YEAR Gender Male Female

Country of birth Country of passport Passport number

Language spoken at home Email address

Current postal address

Street Address:

Street Address:

City/Suburb: State: Postcode:

Country:

Day time telephone (including country and area code)

Mobile (cell) telephone (including country code)

TERTIARY EDUCATION DETAILS

Name of undergraduate qualification (if multiple, name your highest level qualification) Year completed (or expected completion year)

Institution attended (name the institution that awarded this qualification) Country

CONTINUED OVER PAGE

INTERNATIONAL STUDENT REQUIREMENTS

DOMESTIC STUDENTS SKIP TO NEXT SECTION

Do you currently have:

Australian visa: Yes No Visa number:

Overseas student health cover: Yes No Expiry DAY / MONTH / YEAR

ENGLISH LANGUAGE PROFICIENCY

If your first language is not English, please outline any English language test scores below.

<input type="checkbox"/> IELTS	Overall Score: <input type="text"/>	Listening: <input type="text"/>	Reading: <input type="text"/>	Writing: <input type="text"/>	Speaking: <input type="text"/>	Date: <input type="text"/>
<input type="checkbox"/> TOEFL	Score: <input type="text"/>	Date: <input type="text"/>	<input type="checkbox"/> Other	Details: <input type="text"/>		

AGENT DETAILS

If you used an education agent to assist with this application please provide their details

Agency or company name <input type="text"/>	Contact person/counsellor <input type="text"/>	Country <input type="text"/>
Agent's telephone (including country codes) <input type="text"/>	Agent's email address <input type="text"/>	

SUPPORTING DOCUMENTATION

Please attach the following documents to this application. Do not send originals. Documents should be translated into English where required.

FOR ALL STUDENTS

- Proof of citizenship (copy of passport/birth certificate)
- Certified copies of academic transcripts (from undergraduate qualification)

INTERNATIONAL STUDENTS

- Certified copies of English language proficiency test results

FOR APPLICANTS REQUESTING CREDIT TRANSFER FROM PRIOR POSTGRADUATE STUDIES

- Certified copies of course syllabus including number of hours studied and subject credit points.
- Reference letter(s) from previous employer(s), including duties and number of hours worked (if required)

What is a certified copy? A certified copy is a copy of an original document that has been signed by a person officially authorised to confirm that it is a true and correct duplicate. Authorised persons include: a Justice of the Peace; a police officer; a barrister, solicitor or attorney; a principal of an Australian high school or primary school; a staff member of an Australian Embassy or Consulate; an authorised ICMS agent/representative (international applicants only).

DECLARATION AND SUBMISSION

I wish to be considered for enrolment in a course at the International College of Management, Sydney and declare that the information submitted is correct and complete. I understand that ICMS may obtain official records from any school, university, other tertiary institution or place of employment previously attended by me for the purpose of verification of my supporting documents. I understand that the College reserves the right to vary or reverse any decision made on the basis of incorrect, incomplete information or fraudulent documentation. Where fraudulent documents are detected, I understand that my application will be rejected. If an offense has been made the application will be withdrawn. If a visa has been issued it will be cancelled.

SIGN HERE

Date:

DAY / MONTH / YEAR

SUBMITTING YOUR APPLICATION

Please return your application (including all supporting documentation) via one of the following methods.

Post to: Head of Development
151 Darley Road
MANLY NSW 2095 Australia

Email to: info@icms.edu.au

CRICOS CODES: Registered Provider: International College of Management, Sydney Pty Limited. Provider Code: 01484M. CRICOS CODES: Graduate Certificate of Business: 078930B Master of International Business: 078928G Master of Management: 078929F. The information you supply on this application form is needed to assess your suitability for entry into the International College of Management, Sydney. This information will be treated as confidential and will be available for your review.