

UNDERGRADUATE APPLICATION FORM FOR INTERNATIONAL STUDENTS

COURSE DETAILS

UNDERGRADUATE COURSE AND SPECIALISATION

Preference 1

Preference 2

PREFERRED CAMPUS (subject to availability):

TRIMESTER DETAILS

Commencing: ☐ February ☐ May ☐ September Year

PERSONAL DETAILS

We will contact you by email, telephone or mail. To avoid delays in your application, it is important you complete ALL your details clearly including your email address.

Family name

Given name/s

Date of birth

DAY / MONTH / YEAR

Gender: ☐ Male ☐ Female

CITIZENSHIP AND OTHER DETAILS

You must submit a certified true copy of the personal details page of your passport.

Country of passport

Country of birth

DO YOU CURRENTLY HAVE AN: Australian visa:

YES ☐ NO ☐

Passport number:

CONTACT DETAILS

Permanent address in home country (required). This address cannot be the address of your agent.

Street address

Suburb

Postcode

Country

Current address

(only complete if different from your permanent address)

Street address

Suburb

Postcode

Country

Telephone number (required)

Mobile number

Email address (required)

ACADEMIC QUALIFICATIONS

SECONDARY STUDIES

(for example, high school studies, Year 12 certificate)

Name of qualification

School attended

Year completed

TERTIARY STUDIES

(for example, Diploma, Bachelor, Master degree)

Name of qualification

Institution attended

Year completed

CREDIT FOR PREVIOUS STUDY ☐ Yes ☐ No

If you have studies at another academic institution, you may be eligible for credit towards your degree at ICMS. To request for credit transfer (advance standing or recognition of prior learning), you will need to provide documentary evidence of your current or previous studies. Certified copies and official translations of relevant documents must be attached to this application.

STUDENTS WITH SPECIAL MEDICAL CONDITIONS

Do you have a disability, impairment or long term medical condition that may affect your studies?

☐ No ☐ Yes (if yes please answer the two questions below in this section)

Please indicate the area/s of impairment:

☐ Hearing ☐ Vision
☐ Learning ☐ Medical
☐ Mobility ☐ Other

Would you like to receive advice on support services, equipment and facilities which may assist you?

☐ Yes ☐ No

AGENT DETAILS

(IF APPLICABLE)

Agency name

Telephone

Email address

Agent staff name

Agent stamp

PARENT, LEGAL GUARDIAN OR SPONSOR DETAILS

(if you are under 18 years of age)

Name of parent/guardian

Parent/guardian's relationship to applicant:

Parent/guardian's telephone

Parent/guardian's email address

YOUR APPLICATION CHECKLIST

- ☐ Proof of citizenship (certified copy of passport)
- ☐ Certified copies of final education transcripts (official English translations)
- ☐ Certified certificates of required English language proficiency tests no older than one year

IF YOU ARE REQUESTING CREDIT TRANSFER

- ☐ Certified academic transcripts and course syllabus
- ☐ Certified certificates of employment showing all previous work

PLEASE NOTE: INCOMPLETE APPLICATION FORMS WILL CAUSE DELAYS IN PROCESSING.

DECLARATION AND SIGNATURE

The information collected on this form is used to assess your application for entry to ICMS. Personal information may be disclosed to government agencies (for example, Australian Department of Immigration and Border Protection) as required by legislation.

- I declare that the information provided on this form and in support of my application is correct, complete and up to date in every detail.
- I am aware of the estimated total course fees at ICMS and living costs for my stay in Australia and have sufficient funds to support myself for the total period of my studies.
- I declare that I am a genuine temporary entrant (GTE) and a genuine student (GS) and that I have read and understood the conditions in relation to these requirements as defined on the following website: <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/genuine-temporary-entrant>
- I agree to be bound by the applicable standards of conduct, statutes, regulations, policies and procedures of ICMS, including any variations to these that the College makes from time to time.

Signature (If under 18, guardian signature mandatory)

Date

For further information please visit www.icms.edu.au or contact info@icms.edu.au

SUBMIT YOUR COMPLETED APPLICATION FORM

- Send to your Education Agent with the required documentation OR
- Send directly to: Head of Development
International College of Management, Sydney
151 Darley Road, Manly, NSW, 2095 Australia OR
- Submit electronically via our website: www.icms.edu.au