

STUDENT DETAILS

Title: _____ First Name: _____ Family Name: _____
 Date of Birth: ____/____/____ Age: _____ Gender: Male Female Country of Birth: _____
 Nationality: _____ Address (Home Address): _____
 _____ Telephone: _____
 Fax: _____ Email: _____
 Address in Australia (if known): _____
 _____ Mobile: _____
 Passport Number: _____ Expiry Date: ____/____/____ Onshore Offshore

CAMPUS

Sydney Melbourne

COURSE DETAILS

Course Name	CRICOS Code	Semester			Year
<input type="checkbox"/> Graduate Certificate in Business Management (GradCertBM)	074569B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	20 ____
<input type="checkbox"/> Graduate Certificate in Project Management (GradCertPM)	066176G	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	20 ____
<input type="checkbox"/> Graduate Diploma in Business Management (GradDipBM)	074570J	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	20 ____
<input type="checkbox"/> Graduate Diploma in Project Management (GradDipPM)	066177G	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	20 ____
<input type="checkbox"/> Master of Business Management (MBM)	074571G	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	20 ____
<input type="checkbox"/> Master of Business and Project Management (MBPM)	077591B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	20 ____
<input type="checkbox"/> Master of Business Administration (MBA)	077805D	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	20 ____

EDUCATION AND EXPERIENCE

ACADEMIC QUALIFICATIONS* (please list most recent qualification)

University/Institution: _____
 Course Name: _____ Start Date: ____/____/____ Completion Date: ____/____/____

PROFESSIONAL, TECHNICAL AND OTHER QUALIFICATION*

University/Institution: _____
 Course Name: _____ Start Date: ____/____/____ Completion Date: ____/____/____

RELEVANT WORK EXPERIENCE*

*Please attach your CV (Resume)

ENGLISH PROFICIENCY

Is English your first language? Yes No

If yes, go to the next section.

If no, provide English proficiency score and attach documentation

IELTS (Score) _____ TOEFL(score) _____

If you do not have an English Language ranking equivalent to IELTS 6.5 and you wish to apply for an APIC course you may be required to undertake a learning needs assessment at APIC which may require undertaking an English language preparatory course.

If you have studied in Australia, please provide details.

Institution/University: _____

Course Name: _____

Number of weeks: _____ Year: _____

AGENT DETAILS

Did an agent assist you with the enrolment? Yes No

Agency Name: _____

What is the name of the counsellor? _____

Email: _____

Agent Stamp

VISA AND INSURANCE DETAILS

Put a tick (✓) in the box for the Visa you are currently holding or will travel on:

Student Visitor (Tourist) Working Holiday Other

If you are travelling on a Student Visa, the Australian Government requires you to have Overseas Student Health Cover (OSHC).

Do you require OSHC: Yes No Cover required: Single Family

If you require family cover, please list your dependant(s) name(s)

Name: _____ Male Female DOB: ____/____/____

Name: _____ Male Female DOB: ____/____/____

Name: _____ Male Female DOB: ____/____/____

REFERENCES

Please organise for at least two referees to write to the Academic Management Office of the College to provide confidential testimonials (in sealed envelopes) on your behalf. The testimonial should be in original form, signed and dated by the referee on an official letterhead with all the necessary details so that the College can verify the authenticity of the same via phone or fax. Email testimonials may be acceptable at the discretion of the Academic Management Office.

APPLICANT DECLARATION

I declare that the information submitted in this application is correct and complete. I acknowledge that my admission and continued enrolment will be subject to APIC's General Regulations and Policies as well as the School of Business Management applicable Resolutions. I agree that the College may obtain official records from my previous employers or universities I attended. I undertake to advise the College immediately of any changes to the information submitted in this application.

I consent to the above information being maintained in the College's records for administration and academic purposes and reported to the regulatory authorities for official purposes.

I understand that APIC may be required to report to the relevant government authorities the progress of my application and or subsequent student status. I consent to my information being held securely by the relevant regulatory authority and that my information may be disclosed to the Australian Taxation Office. APIC will not otherwise disclose the information without my consent unless required or authorised by law.

I declare that I have read and understood APIC's fee schedule, conditions of enrolment, privacy statement and refund policy and have familiarised myself with other relevant policies located on the APIC website and agree to be bound by them.

I undertake to advise APIC immediately of any changes to the information submitted in this application.

I have fully read and understood the College terms and conditions. I declare that I have the financial capacity to meet course fees and agree to pay these fees as they become due and I have read, fully understood and accept the College's terms and conditions.

(All applicants **MUST** sign this declaration)

I (Applicant Name) _____ have fully read and understood the College terms and conditions.

Signature: _____ Date: ____/____/____

If fees are being paid by another person(s) or company: I _____ (name of person(s) / company paying fees – please print) declare that I have the financial capacity to meet course fees and agree to pay these fees as they become due and I have read, fully understood and accept the College's terms and conditions.

SUBMITTING YOUR APPLICATION

POSTAL ADDRESS

Asia Pacific International College
55 Regent St
Chippendale 2008
New South Wales
AUSTRALIA

EMAIL

apply@apicollege.edu.au

FAX

+61 2 9698 5201

APPLICATION CHECKLIST

- A certified copy of your passport
- A certified copy of your academic records.
Documents not in English should be provided with a certified translation. If your name differs from that under which you gained your qualification, you must present evidence of the name change.
- Evidence of English language proficiency
- 1 passport size portrait photograph (or email digital photograph to admission@apicollege.edu.au)
- Two references that you feel are relevant to your application
- A copy of your CV (resume)