APPLICATION FORM

International College of Management, Sydney

Complete and sign the Application Form and:

Forward it with the required attachments to your Education Agent

GOstralia!-GOzealand! - Jägerstraße 53 - 70174 Stuttgart - Germany

I wish to apply for			
Undergraduate program and specialisation			Course CRICOS Code
Preference 1			
Preference 2			
Each program has a unique CRICOS code in the College Prospectus or online at www	e, using this code in your applicatio w.icms.edu.au/courses	n will make the admission	process quicker. You can find the CRICOS co
Commencing:			
February May September \	ear		
Personal details:			
Family name		Name	
Telephone in home country			
Address in home country			
Suburb		Postcode	Country
Current address			
Suburb		Postcode	Country
Current telephone	Mobile	Email	·
Country of birth	Country of passport	Passport numb	er
Date of birth: Day Month	Year Se	x: Male Female	
Do you currently have an:			
Australian visa [international students]:	es No Visa number		
When will you/did you first arrive in Australia? Please advise us of any medical/learning condition		ear	we may provide support for you.

Secondary [highest level achieved]: School attended Career Advisor ATAR/UAI [if applicable] Name of qualification Year completed Institution attended Name of qualification Year completed Agent: [if applicable] Name Agent: [if applicable] Name Suburb Postcode Country Fax Email Parent, legal guardian or sponsor: [for secondary contact] Name Relationship to applicant	
Tertiary and further education [if any]: Institution attended Name of qualification Year completed Agent: [if applicable] Name Address Suburb Postcode Country Telephone Fax Email Parent, legal guardian or sponsor: [for secondary contact]	
Tertiary and further education [if any]: Institution attended Name of qualification Year completed Agent: [if applicable] Name Address Suburb Postcode Country Telephone Fax Email Parent, legal guardian or sponsor: [for secondary contact]	
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Institution attended Name of qualification Year completed Agent: [if applicable] Name Address Suburb Postcode Country Telephone Fax Email Parent, legal guardian or sponsor: [for secondary contact]	
Agent: [if applicable] Name Address Suburb Postcode Country Telephone Fax Email Parent, legal guardian or sponsor: [for secondary contact]	
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Address Suburb Postcode Country Telephone Fax Email Parent, legal guardian or sponsor: [for secondary contact]	
Suburb Postcode Country Telephone Fax Email Parent, legal guardian or sponsor: [for secondary contact]	35
Suburb Postcode Country Telephone Fax Email Parent, legal guardian or sponsor: [for secondary contact]	at)
Parent, legal guardian or sponsor: [for secondary contact]	90
Address	
Suburb Postcode Country	
Telephone Fax Email	
How did you first find out about ICMS? Career Week Education Agent UAC Guide Word of Mouth Newspaper Careers Advisor College Seminar Education Exhibition Internet Magazine College Graduate	
Student currently at ICMS please specify Other other	
Please attach the following documents to your application form	
For all applicants Proof of citizenship [copy of passport, birth certificate] Certified copies of final education transcripts [official English translations]	
For applicants requesting credit transfer Certified academic transcripts and course syllabus Certified certificates of employment showing all previous work	
For all student applicants with international qualifications Certified certificates of required English language proficiency tests no older than one year	
Declaration Signature of applicant	
I acknowledge that all the information provided in this application is correct and all sections of the form are complete.	

For applications to other programs, please go to www.icms.edu.au or contact info@icms.edu.au