



### Application for Bachelor or Master Programs

#### 1. Program Details

Program code	
Program name	
Proposed start date	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2   Year: 20_____

#### 2. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
First name	
Middle name(s)	
Last name	
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____
Date of birth	____/____/____ (dd/mm/yyyy)

#### 3. Contact Details

Country	
Street name & number	
Apartment (if applicable)	
City	
Postcode	
Contact phone number	(+____)
Email address	

#### 4. Residency Details

Country of birth	
Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold a valid Australian visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship	
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which language is spoken at home?	
Have you ever been enrolled at the University of Sydney?	<input type="checkbox"/> No <input type="checkbox"/> Yes, ID: _____

## 5. Scholarship Details

Have you been awarded a scholarship or sponsorship to support your studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of the scholarship or sponsor?	
Have you applied for a scholarship (for which your application is pending)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of the scholarship?	

## 6. English Language Qualification

All applicants are required to provide evidence of their proficiency in the English language.

Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sat/will you sit an English language test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which test?	
Test date	____/____/____ (dd/mm/yyyy)
Overall score (if known)	
Was English the sole language of instruction at your school or university?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 7. Prior Enrolment

Have you ever been excluded or suspended from a course at a tertiary education institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been asked to show cause why your enrolment in any course should not be suspended/terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been asked to explain unsatisfactory progress in any course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest level of education you have participated in?	
Last year of participation	

## 8. Secondary Education

What is your highest secondary qualification (Abitur/ FH-Reife/ etc.)?			
In what country did you attend your last secondary school (high school)?			
Start date	____/____/____ (dd/mm/yyyy)	End date	____/____/____ (dd/mm/yyyy)
Final grade (GPA)			

### 9. Tertiary Education (if any)

Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Name of institution	
Country	
Start date	____/____/____ (dd/mm/yyyy)
Expected end date	____/____/____ (dd/mm/yyyy)
Standard length of degree	
Current Overall Grade (GPA)	
Have you already completed another tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Name of institution	
Country	
Start date	____/____/____ (dd/mm/yyyy)
End date	____/____/____ (dd/mm/yyyy)
Standard length of degree	
Final grade (GPA)	
Would you like to submit an application for credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 10. Professional Associations/Work Experience

Would you like to list any relevant professional association memberships?	<input type="checkbox"/> Yes <input type="checkbox"/> No If, yes please attach CV including information
Would you like to list any relevant professional work experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No If, yes please attach CV including information

### 11. Declaration

I understand

- That if I fail to provide my true and complete academic record, or I misrepresent or have misrepresented my true circumstances, that I may be excluded from the University of Sydney, and that the University may terminate my studies at any time.
- Giving false or misleading information is a serious offence under the Criminal Code of the Commonwealth Government of Australia.
- The University of Sydney may vary or cancel any decision it makes if the information I have given is incorrect or incomplete.
- All documents submitted become the property of the University of Sydney and will not be returned.
- I am fully responsible for my educational and living expenses while studying at the University of Sydney.
- Neither the University of Sydney nor the Australian Government can assist me if I do not have sufficient funds to support my candidature.

I authorise the University of Sydney to make any enquiries, including obtaining or verifying any records and/or other information from or with any education institution, tertiary admissions centre or other organisation (whether education or otherwise), or individual, if it considers it necessary in connection with my application, enrolment and/or candidature.

I agree

- To comply with the rules on admission and enrolment of the University of Sydney as varied from time to time.
- To inform the University of Sydney immediately if there is any change to the information I have given in this application.
- That the information I have given in this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yyyy)

### 12. Application Processing Fee

A non-refundable Application Processing Fee (APF) of AUD\$150 must be paid with each application form submitted. Applications will not be processed unless accompanied by the APF. Please complete this section to submit your APF payment via Credit Card.

E-mail address			
Name on card			
Type of card		<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> American Express <input type="checkbox"/> Diners	
Card number			
Expiry date	____/____ (mm/yyyy)	CCV/Security code	

Signature \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yyyy)