## INTERNATIONAL STUDENT APPLICATION FORM 20.... - 20....



Personal Information   For OFFICE USE ONLY   Sish visit houry librage data in your 10 card or passport)							
Pamily Name (as stated in your ID card or passport)	Section 1 Personal Information			FOR OFFICE USE ONLY			
Family Name (as stated in your ID card or passport)  Middle Name (as stated in your ID card or passport)  First Name (as stated in your ID card or passport)  Identification number  Date of birth (dd/mm/yyyy)  Gender  Male   Female   Date received by admission (dd/mm/yyyy)  Begins of passport   Pemale   Date received by admission (dd/mm/yyy)  Begins of passport   Pemale   Date received by admission (dd/mm/yyy)  Begins of passport   Pemale   Date received by admission (dd/mm/yyy)  Begins of passport   Pemale   Date received by admission (dd/mm/yyy)  Admission's storap and signature  Frogram Centre's Approval:  Program Centre's Approval:  Conditional on English  Section 3	Title (Mr, Ms, Mrs)						
Middle Name (as stated in your ID card or passport)    Identification number				phần FOR OFFICE USE ONLY)			
Counselor's signature	Family Name (as stated in your ID card or passport)						
Identification number	Middle Name (as stated in your ID card or passport)						
Date of birth (dd/mm/yyyy)	First Name (as stated in your ID card or passport)						
Gender	Identification number						
Section 2   English Skill	Date of birth (dd/mm/yyyy)						
Section 2   English Skill	Gender	Male F	emale				
Have you taken an English test?  IELTS	Section 2 English Skill						
Result: Date taken (dd/mm/yyyy): Date taken (dd/mm/yyyy):  Section 3  Contact Information  3A. Permanent Home Address House number and Street Name District/ Town Province/ City District/ Town Province/ City District/ Town Province/ City Country  3C. Contact Details Mobile Telephone Email  3D. Emergency Contact Person Full Name Mobile Email  Section 4  Academic Record Information  List all academic qualifications previously attempted or completed High School Qualification Vyou attended more than 01 school, please list the most recent one) School Name (Please do not abbreviate) Duration Date Started Date Completed Full-time Date Completed Full-time Date Completed Full-time Date Completed Full-time Full-time Date Completed Full-time Full-time Date Completed Full-time Full-time Date Completed Full-time Full-t	Is English your first language?	Yes	No				
Date taken (dd/mm/yyyy):		TOEFL	No				
Conditional on English	Result:						
Section 3  Contact Information  3A. Permanent Home Address  House number and Street Name  District/ Town  Province/ City  Ward  District/ Town  Province/ City  Country  Approved by selection officer  (dd/mm/yyyy):  Selection officer' stamp and signature  Selection officer' stamp and signature  District/ Town  Province/ City  Country  3C. Contact Details  Mobile  Telephone  Email  3D. Emergency Contact Person  Full Name  Relationship  Mobile  Email  Section 4  Academic Record Information  List all academic qualifications previously attempted or completed  High School Qualification  Excellent Good Fair Good Fair  (If you attended more than 01 school, please list the most recent one)  School Name  (Please do not abbreviate)  Duration  Date Started  Date Completed Full-time	Date taken (dd/mm/yyyy):			Program Centre's Approval:			
3A. Permanent Home Address  House number and Street Name  District/ Town  B. Postal Address  Tick if same as above  House number and Street Name  Ward  District/ Town  B. Postal Address  Tick if same as above  House number and Street Name  Ward  District/ Town  Province/ City  Country  3C. Contact Details  Mobile  Telephone  Email  3D. Emergency Contact Person  Full Name  Relationship  Mobile  Email  Section 4  Academic Record Information  List all academic qualifications previously attempted or completed  High School Qualification  (If you attended more than 0.1 school, please list the most recent one)  School Name  (Please do not abbreviate)  Duration  Date Started  Date Completed  Full-time				Conditional on English			
House number and Street Name    District/ Town	Section 3 Contact Information			Conditional on Degree			
District/ Town	3A. Permanent Home Address			Unconditional			
District/ Town	House number and Street Name	Ward		Other:			
3B. Postal Address	District/ Town	Province/ City	Country				
House number and Street Name  District/ Town  Province/ City  Country  3C. Contact Details  Mobile  Email  3D. Emergency Contact Person  Full Name  Relationship  Mobile  Email  Section 4  Academic Record Information  List all academic qualifications previously attempted or completed  High School Qualification  Excellent Good Fair Good Fair Good Fair Good Fair Good Fair Good Fair Good Good Good Good Good Good Good Goo	3B. Postal Address	Tick if same as above					
District/ Town							
3C. Contact Details  Mobile Telephone  Email  3D. Emergency Contact Person  Full Name Relationship  Mobile Email  Section 4 Academic Record Information  List all academic qualifications previously attempted or completed  High School Qualification Excellent Good Fair (if you attended more than 01 school, please list the most recent one)  School Name (Please do not abbreviate)  Duration Date Started Date Completed Full-time	District / Town	Province / City	Country	Selection officer stump and signature			
Mobile Telephone  Email  3D. Emergency Contact Person  Full Name Relationship  Mobile Email  Section 4 Academic Record Information  List all academic qualifications previously attempted or completed  High School Qualification Excellent Good Fair (if you attended more than 01 school, please list the most recent one)  School Name (Please do not abbreviate)  Duration Date Started Date Completed Full-time	Districty Town	Frovince/ City	Country				
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3D. Emergency Contact Person  Full Name Relationship  Mobile Email  Section 4 Academic Record Information  List all academic qualifications previously attempted or completed  High School Qualification Excellent Good Fair Good Fair Good Name (Please do not abbreviate)  Duration Date Started Date Completed Full-time		Telephone					
Full Name Relationship  Mobile Email  Section 4 Academic Record Information  List all academic qualifications previously attempted or completed  High School Qualification Excellent Good Fair (if you attended more than 01 school, please list the most recent one)  School Name (Please do not abbreviate)  Duration Date Started Date Completed Full-time	Email						
Section 4   Academic Record Information	3D. Emergency Contact Person			Note:			
Section 4  Academic Record Information  List all academic qualifications previously attempted or completed  High School Qualification  Excellent  Good  Fair  (if you attended more than 01 school, please list the most recent one)  School Name (Please do not abbreviate)  Duration  Date Started  Date Completed  Full-time	Full Name	Relationship					
List all academic qualifications previously attempted or completed  High School Qualification	Mobile	Email					
List all academic qualifications previously attempted or completed  High School Qualification			•				
High School Qualification Excellent Good Fair  (if you attended more than 01 school, please list the most recent one)  School Name (Please do not abbreviate)  Duration Date Started Date Completed Full-time	Section 4 Academic Record Information						
High School Qualification Excellent Good Fair  (if you attended more than 01 school, please list the most recent one)  School Name (Please do not abbreviate)  Duration Date Started Date Completed Full-time	List all academic qualifications previously attemp	ted or completed					
School Name (Please do not abbreviate)  Duration  Date Started  Date Completed  Full-time			Good	Fair			
(Please do not abbreviate)  Duration Date Started Date Completed Full-time	(if you attended more than 01 school, please list the most recent one)						
Duration Date Started Date Completed Full-time							
<u> </u>		D + C + 1	5				
	(year/s)	(mm/yyyy)					
(min/yyyy) Fatt-time	(1,54,74)	(/ 7777)	(11111/y)	rait-time			
University/ College Qualification							
(eg. Advanced Diploma of Business, Bachelor of Business Administration)		on)					
University/ College Name	The state of the s						
Duration     Date Started     Date Completed     Full-time       (year/s)     (mm/yyyy)     (mm/yyyy)     Part-time							
Successfully completed entire program  Yes No Waiting Result GPA							

(Applicant's signature)		<del></del>	
Signed	/ / (dd/mr	n/yy)	
I understand that Center for Internation requirement, staffing or other arangem	al Program (CIP) reserves the right to disco ent without prior notice.	ontinue or alter any program, course/ su	ıbject, fee, admission
I acknowledge that the privision of inco result in cancellation of any offer or enr	rrect information or the withholding of info olment by the University.	ormation or documentation relating to r	ny application may
•	lge the information supplied in this applica er for International Program (CIP) immedia	11 0	, , , , ,
Please read and sign the following appli	cant certification. This application is not va	lid unless signed and dated.	
Section 6 Applicant	Declaration		
Level: Undergraduate	Postgraduate	Top Up	
3.			
2.			
1.			
Name of degree programme(s			
Section 5 List the p	rogramme you wish to apply for		
	lvanced Diploma of Business, Bachelor of B	usiness Administration)	
Successfully completed entire program	Yes	No Waiting	Result GPA
(year/s)	(mm/yyyy)	(mm/yyyy)	Part-time
Duration	Date Started	Date Completed	Full-time
'			
Other qualifications			
Other qualifications School Name (Please do not abbreviate) Duration	Date Started	Date Completed	Full-time

## **APPLICATION DOCUMENTS**

Please submit follwing documents:

- 1. Application Form
- 2. One certified copy of high school graduation or temporary certificate of high school graduation.
- 3. One certified copy of high school record and college certified copy (if applicable).
- 4. Three photos 5X5.
- 5. One copy of English certificate (if applicable).
- 6. One copy of identity card/Passport