International Student Application Form*



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* Alternatively, you can apply directly via our website. Visit www.ecu.edu.au/future-students/international/overview for more details.

Ple	ase check one of the following:						
	First Application Change	of Course					
NF	IME AND CONTACT INFORM	ATION E	CU Student Number (if	applicable)			
1.	Surname (as shown on passport):						
2.	Given Names: Preferred Name:						
3.	Home Address:						
				Ag	jent Stamp/Conta	ct Details	
	Mobile:						
	Mobile: Email (Required):						
	Telephone: (Country Code) (Area Code) (Phone No)						
4.	Correspondence Address (if different):						
	Consequence / ladi cos (ii dinerent).						
	Telephone: (Country Code) (Area Code) (Phone No)						
5.	Date of Birth:	YYY					
6.	Sex: Male Female						
7.	Country of Birth:						
8.	Nationality/Citizenship:						
PR	OPOSED PROGRAM		Unc	lergraduate	Postgradua	ate	
9.	Commencement Year:	Sem	nester 1 (Feb)	Semester 2	2 (July)		
10.	Course Preferences:						
	1st Preference:		Major:		Course Co	ode:	
	2nd Preference:	Major:	Aajor: Course Code:		ode:		
ΕN	IGLISH LANGUAGE PROFICIE	ENCY					
11.	What is the main language spoken in	your home?					
12.	Please provide proof of competence requirements, eg. IELTS, TOEFL or Pe			nce to show th	at your English ab	ility meets our	
	Have you completed a degree or oth	er tertiary qualifica	ation in English? Yes	No			
Qι	JALIFICATIONS						
13.	Please attach copies of all academic r institution representative.	ecords. A copy is a	photocopy stamped and s	signed by a pu	blic notary or edu	cation	
	Please list all qualifications obtained s	tarting from your	final secondary year.				
	Name of Institution	Country of Study	Name of Award	Completed Y/N	Normal Course Duration	Years Attended From/To	
		,				/	
						,	

OTHER INFORMATION
14. Disability Declaration: Do you have a disability or any longterm medical condition which may affect your studies? Yes No
If yes please indicate the area of impairment to enable the University to provide assistance: Hearing Learning Mobility Vision Medical
Other: please indicate
15. Do you permit ECU to provide information to your nominated sponsor/guardian or scholarship body? Yes No
If so, please provide name of individual/scholarship body:
RELEASE OF ACADEMIC RESULTS
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16. If your application for direct entry into ECU is unsuccessful, it may be possible for you to be admitted to a course at a pathway college associated with ECU. Successful completion of a qualification at the college is an alternative entry pathway into ECU. Would you like us to pass your application to be considered for entry into a pathway course? Yes No
REQUIRED DOCUMENTS (Please check our website for course specific requirements) All Students:
Application Form
Academic Documents
English Proficiency DocumentsCopy of passport (if applicable)
I have attached the above mentioned documents Yes No
Research Students:
A brief outline of the research topic you wish to undertake (1-2 pages in length)
Copies of any published papers or journal articles – if available
Resume (Curriculum Vitae) I have attached the above mentioned documents Yes No
Have you approached or identified a potential supervisor?* Yes No
If yes, please provide name:
* Please note that due to the number of applicants, there is no guarantee of supervision; supervisors will be determined by the Faculty once all applications have been assessed.
DOCUMENT SUBMISSION
By email: admissions@ecu.edu.au
In person: Edith Cowan University, 270 Joondalup Drive, Joondalup 6027, Western Australia.
Please note that you must include copies of your documents and official translated copies if the original is not in English.
DECLARATION
1. I declare that the information provided by me in this application is true and correct. I acknowledge that Edith Cowan University reserves the right to make such enquiries as may be reasonably necessary to verify the information provided by me in this application including, with regard to my educational
qualifications. 2. I understand that providing false and misleading information to obtain admission and/or credit into a course is an offence.
I confirm:a. I have made my own enquiries as to the suitability of the course that I am seeking to be enrolled; andb. That it is my sole responsibility to ensure that my enrolment is in accordance with the Admissions Enrolment and Academic Progress Rules of Edith
Cowan University. 4. I acknowledge and agree that the information provided by me to Edith Cowan University may be provided to Commonwealth and State agencies when
required by law. 5. If I am admitted into a course with Edith Cowan University I agree to comply with the Statutes, By-laws, Rules and Regulations of Edith Cowan University.
6. I acknowledge I have had the opportunity to peruse the Statutes, By-laws, Rules and Regulations of Edith Cowan University at www.ecu.edu.au/centres/office-of-governance-services/our-services/policy-and-legislation
$7. \ \ lacknowledge that official communication by Edith Cowan University to me will be by electronic means unless alternative communication arrangements$
have been agreed by ECU.8. I agree to notify ECU of any changes to my residential addresses whether in Australia or another country and to any change in the contact information in the event of an emergency.
If you have concerns about any of the above items please contact ECU via email at admissions@ecu.edu.au.
Student Signature: