



APPLICATION FOR ADMISSION TO A POSTGRADUATE COURSEWORK DEGREE



PERSONAL DETAILS					
Family Name			Title e.g. Mr/Mrs/Dr		
Given Names			Male <input type="checkbox"/> Female <input type="checkbox"/>		
Permanent address in home country					
Telephone number in home country					
Fax number in home country					
Address (where we can contact you about your application). If applying through an agent, please put the agent's details here.					
Telephone			Fax		
Email (Where we can contact you about your application)					
Date of Birth		Day	Month	Year	
Citizenship			Country of Birth		
Do you hold a current Australian visa?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please give category of visa	
Will you be bringing family members on a dependant student visa?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

ENGLISH LANGUAGE PROFICIENCY					
English is the main language spoken in my home		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If no, please indicate language					
<input type="checkbox"/>	I will have / or have taken an	<input type="checkbox"/> IELTS test	<input type="checkbox"/> TOEFL test	within the past two years (please tick appropriate box)	
on	Day	Month	Year	<i>Please attach original documentation</i>	
<input type="checkbox"/>	I have undertaken studies (secondary/high school/university) for a minimum of two years in which the language of instruction was English. <i>Please attach documentary evidence.</i>				

PREFERRED DEGREE										
<input type="checkbox"/>	Masters Degree	<input type="checkbox"/>	Graduate/Postgraduate Diploma	<input type="checkbox"/>	Graduate/Postgraduate Certificate	<input type="checkbox"/>	Graduate Certificate/Diploma of Research Methods			
Name of Degree (1st choice)										
Major (if applicable)										
Name of Degree (2nd choice)										
Major (if applicable)										
I wish to study at (tick one only)		<input type="checkbox"/>	Townsville	<input type="checkbox"/>	Cairns	<input type="checkbox"/>	Brisbane	<input type="checkbox"/>	Singapore	PLEASE NOTE: NOT ALL PROGRAMS ARE AVAILABLE AT ALL CAMPUSES.
When would you like to start your studies:										
Townsville or Cairns	Teaching Period (semester)		<input type="checkbox"/>	One (February)	<input type="checkbox"/>	Two (July)	Year			
Brisbane or Singapore	Trimester	<input type="checkbox"/>	One (March)	<input type="checkbox"/>	Two (July)	<input type="checkbox"/>	Three (October/November)	Year		

EDUCATIONAL QUALIFICATIONS

NAME OF SCHOOL OR INSTITUTION	NAME OF QUALIFICATION OR DEGREE	YEARS ATTENDED (MONTH/YEAR TO MONTH/YEAR)	COURSE COMPLETED (YES/NO)

Please attach certified copies of transcripts of all academic records. (A certified copy means a stamped photocopy signed by a public notary or institution representative or authorised JCU agent as being a true and accurate record of the original document). All documents must be translated into English by the issuing institution or by an official translating service.

CREDIT FOR PREVIOUS STUDY

Are you applying for credit for previous studies? Yes No

If yes, please attach the course syllabus for each of the subjects you wish to seek credit for. If your educational institution has an articulation agreement with JCU, you are not required to submit this documentation.

FINANCIAL SPONSOR

I am being sponsored by the organisation whose details are attached. **Attach official letter to application.**

Other

None

DECLARATION

DECLARATION (All applicants must complete)

I declare that the information I have supplied on the application form is, to the best of my knowledge, complete and correct. I acknowledge that my application for admission is subject to acceptance by the University which has power to impose conditions. I further acknowledge that in the event my application for admission as a student at the University is accepted by the University, and in consideration of provision of educational resources by the University, I will be bound by the provisions of the relevant student handbooks, statutes, rules and policies of the University as are in force from time to time, and will be subject to the lawful instructions of officers of the University.

PRIVACY

I understand that information contained on this form is collected for enrolment and administrative purposes, and that some information may be released to the JCU Student Association for administrative and electoral purposes. Personal information will not be passed on to any other external bodies without my authorisation unless a valid legal request has been made.

Note: Information provided may be made available to Australian Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the ESOS Act 2000 and the National Code.

Signature

Date

Please send all completed forms to one of the following JCU locations, or to one of JCU's approved agents, listed online at:

www.jcu.edu.au/international/agents.cfm

TOWNSVILLE AND CAIRNS CAMPUSES

International Student Centre
James Cook University
Townsville QLD 4811
Australia
Phone: +61 7 4781 5601
Fax: +61 7 4781 5988
Email: iscadmissions@jcu.edu.au

BRISBANE CAMPUS

James Cook University
Brisbane Campus
349 Queen Street
Brisbane QLD 4000
Australia
Phone: +61 7 3001 7800
Fax: +61 7 3001 7899
Email: jcubrisbane@jcu.edu.au

SINGAPORE CAMPUS

Admissions Office
James Cook University
Singapore Campus
2 Bukit Merah Central
#03-01 SPRING Building
Singapore 159835
Phone: +65 6377 6833
Fax: +65 6272 5833
Email: admissions@jcu.edu.sg