

DOMESTIC STUDENT ADMISSION APPLICATION FORM

To complete this form:

- Answer all questions on the form
- Use BLOCK LETTERS and tick check boxes where required

Please return form by email to apply@aihe.sa.edu.au OR In-Person:

Adelaide: Level 5, 127 Rundle Mall Adelaide SA 5000 Australia

Melbourne: Level 2, 209-211 Lonsdale St

Melbourne VIC 3000 Australia

1. STUDENT STATUS								
Have you been previously enrolled at AIHE? □ No □ Yes → If yes, Student ID Number: Have you previously studied at a tertiary level in Australia? □ No □ Yes Do you have a Unique Student Identifier (USI)? □ No □ Yes → USI								
2. PERSONAL DETAILS								
Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms	□ Dr □ Other:	Date of Birth	n:					
Gender: ☐ Male ☐ Female ☐ Not	Stated	(dd/mm/yyyy)						
Family Name:	Passport Number:							
Given Names:		Country of Issue:						
Country of Birth:		Date of Issue (dd/mm/yyyy)						
Citizenship:		Date of Expiry (dd/mm/yyyy)						
3. ADDRESS DETAILS								
Email:			Mobile:					
			woone.					
Address								
Number and Street:	24.4		2 1					
Town/City:	State:		Country:					
Postcode/Zip:	Telephone:							
4. ENGLISH LANGUAGE PRO	FICIENCY							
		iromont?						
How do you intend to meet AIHE's I	English language requ	irement?						
☐ English is my first language				Date				
☐ English proficiency test (e.g. Cambridge, IELTS, TOEFL, DAAD): Score: Date:								
☐ Other (provide details):								
5. AIHE STUDY PROGRAM								
Course Name: ☐ Bachelor of Business (CRICOS: 0100123) ☐ Master of Business Administration (CRICOS:104601K)								
Campus: ☐ Adelaide ☐ Melbourne (MBA only)								
Select your preferred study intake:								
☐ Study Period 1	☐ Study Period 2	☐ Study Period 3 Year:			Year:			
(commencing in February/March)	(commencing in June							



DOMESTIC STUDENT ADMISSION APPLICATION FORM

6. PREVIOUS and CURRENT SECONDARY and POST-SECONDARY STUDIES

	Name of Award/ Qualification	Year Completed/ to be completed	Language of Instruction	Country	Main Fields of Study (if post-secondary)
Do you want to cla	im recognition of pr	ior learning?	□ No □ Yes		
f yes, please dowr		an Application for			supporting evidence, and au/policydirectory.
7. SUPPORT S	ERVICES				
Do you have a disa	ability, impairment o	r long-term medic	al condition, which	ch may affect you	ur studies?
∃No. ⊟Yes → [☐ Hearing ☐ Learnii	na □ Mobility □ '	Vision □ Medica	al □ Other	
	sed in a confidential m	,			uired
iriis iiiioiiiiatioii is u		daniner to assist your	ii accessing supp	ort services as req	uii ea.
B. AGENT DET	AILS				
s this application f		gh an agent of All	HE? □ No □	Yes → Please p	rovide the agent's details
s this application f	orm prepared throu	gh an agent of All	HE? 🗆 No 🗆	Yes → Please p	rovide the agent's details
s this application f		-	HE? □ No □		rovide the agent's details
s this application f Agent Name: Town/City:		gh an agent of AIF State: Email:	HE? □ No □	Yes → Please p Country:	rovide the agent's details
s this application f Agent Name: Town/City: Postcode/Zip:		State:	HE? □ No □		rovide the agent's details:
s this application f Agent Name: Town/City: Postcode/Zip: Telephone:		State: Email: Mobile:		Country:	rovide the agent's details: ☐ Yes
s this application f Agent Name: Town/City: Postcode/Zip: Telephone:	Form prepared throu	State: Email: Mobile:		Country:	
s this application f Agent Name: Town/City: Postcode/Zip: Telephone: Do you authorise A Please indicate yo	Form prepared through the state of the state	State: Email: Mobile: this agent relating	your application	Country:	
s this application for Agent Name: Town/City: Postcode/Zip: Telephone: Do you authorise Agent Name: Please indicate you details of the person	AIHE to contact with SUPPORT ur source of financia on or organisation pa	State: Email: Mobile: this agent relating al support and for it aying your fees.	your application	Country:	□ Yes
s this application f Agent Name: Town/City: Postcode/Zip: Telephone: Do you authorise A Please indicate you details of the person	Form prepared through AIHE to contact with SUPPORT ur source of financia	State: Email: Mobile: this agent relating al support and for it aying your fees. y myself/my family	your application	Country:	☐ Yes the name and contact
s this application for Agent Name: Town/City: Postcode/Zip: Telephone: Do you authorise Agent Name: Agent Name: Town/City: Postcode/Zip: Telephone: Do you for authorise Agent Name I am a private state of the personal I am fully suppose	AIHE to contact with SUPPORT ur source of financia on or organisation paragraphs	State: Email: Mobile: this agent relating all support and for it aying your fees. y myself/my family ((attach docume)	your application nvoice purposes ntation) → Nam	Country:	☐ Yes the name and contact

- 1. All information provided in this application form and any supporting documentation must be true and correct. All documents must be certified copies.
 - [A certified copy is a copy of the original document that has been certified with an original stamp by an official such as the AIHE's agent, our staff member, Justice of the Peace, Notary Public, police officer or examining authority.]
- 2. AIHE must be notified of any changes to the information provided within 28 days upon the date of such change occurrence.
- Submitted documents supporting this application become the property of the AIHE and will not be returned to the applicant. Therefore, please do not send irreplaceable original documents e.g. your degree parchment.



DOMESTIC STUDENT ADMISSION APPLICATION FORM

- AIHE reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.
- Where an application has been submitted to AIHE via a third party (e.g. AIHE's representative or partners, agents), AIHE may communicate with the third party regarding the application and enrolment at AIHE.
- The information collected on this form may be disclosed if authorised or required by law, and/or in certain circumstances the Australian Government and/or designated authorities authorised by the AIHE, in accordance with the AIHE's Privacy Policy and Procedure available at http://aihe.sa.edu.au/policydirectory/ and where applicable, the Director of the Tuition Protection Scheme.
- Should this application result in an offer of admission to AIHE, this Application form will constitute part of the written agreement between the student and AIHE. Applicants should read all the documents contained in the written agreement carefully before accepting an offer and entering into a written agreement with AIHE.
- By signing and submitting this application, I declare all the information I have provided is accurate and that I agree to the terms and conditions as outlined in this section.

Applicant Full Name:								
Si	gnature:	Date (dd/mm/yyy)						
Full name of applicant's guardian (for applicants under 18 years²):								
Si	gnature:	Date (dd/mm/yyy)						
² To be eligible for admission, the applicant must be 18 years of age at the time of commencing study in a course or subject.								
11. CHECKLIST								
Please ensure you have:								
	Attached a certified* copy of your personal details.							
	Attached certified* copies of your qualifications and academic transcripts. You must also include an explanation of the grading system at your home institution (this information is often found on the reverse side of official academic transcripts). English translations are required if the original documents are not in English.							
	Attached an Application for Credit / Recognition of Prior Learning Form and supporting evidence if you wish to be considered for recognition of your prior learning.							
Attached certified* copies of your IELTS/TOEFL results or other English tests where applicable. * A certified copy of a document is one that has been signed and stamped by a Justice of the Peace or other public notary, e.g. lawyer, policeman, solicitor or embassy official. The public notary must sight the original document before he/she can certify the copy.								
	Signed the declaration.							