

KING'S OWN INSTITUTE*

Success in Higher Education

INTERNATIONAL STUDENT APPLICATION FORM

Please complete this form if you are applying to study at King's Own Institute (KOI). ALL Sections MUST be completed. Email your completed application form to admissions@koi.edu.au. Mailing address: King's Own Institute, Level 1, 31 Market St, Sydney NSW 2000. Please use CAPITAL (BLOCK) letters and TICK OR CROSS the relevant boxes.

1. PERSONAL	DETAILS					
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Have you previou				Yes	No	If yes, what was your KOI Student ID (if known)
Preferred title:	Mr	Mrs	Miss	Ms	Dr	Mobile number:
Family name:						Gender: Male Female Other
Previous family name:						Date of birth: DDDMMMMYYYY
Given name:						Nationality:
Permanent address in home country (required, must include postcode):						
Number Current residenti	Street Name al address (only if di	fferent fro		n, City or Suburb Dermanent a	State, Territory, Province or County Postcode/ Country ddress in your home country – do not include agent's contact details)
Applicant's personal email address:						
2. AGENT DET	AILS (If a	oplicab	e)			
Agent name:						Telephone:
Email:						Contact person:
3. OVERSEAS (INTERNATIONAL) STUDENTS ONLY VISA INFORMATION – (Certified copies of all documents must be attached to your application form)						
Country of birth	:					Passport No:
Have you applied for OR do you hold any type of Australian visa: Yes No If yes, visa type:						
Visa granted date	<u>:</u> :			Visa	expiry date:	Year of first a rival to Australia:
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3.2. ENGLISH LANGUAGE PROFICIENCY (Certified copies of all documents must be attached to your application form) If NO, provide your current English Language proficiency Is English your first language Yes No **IELTS** PTE **TOEFL** CAE Other Result: Date taken: D D M M Y Y Y Y Main language spoken at home: 4.1. WHEN DO YOU WANT TO START YOUR COURSE? 4.2. WHICH LOCATION DO YOU WANT TO STUDY? Year: Starting trimester: November Sydney March July Newcastle **5. COURSE DETAILS** (Please tick the box of the course you are applying for) **BUSINESS ACCOUNTING TESOL** Diploma of Management Diploma of Accounting **Graduate Certificate of TESOL** Bachelor of Business (Management and Finance) Bachelor of Business (Accounting) **Graduate Diploma of TESOL Graduate Certificate in Business** Master of Accounting Master of Arts (TESOL) **Graduate Diploma of Business** Master of Professional Accounting INFORMATION TECHNOLOGY **Graduate Certificate of Information Technology** Diploma of Information Technology **Bachelor of Information Technology Graduate Diploma of Information Technology** Master of Information Technology [Specialisations: Data Analytics & Cyber Security] Non-Award Cross - Institutional Subject(s): **6. CREDIT TRANSFER** (exemption credits toward the completion of your course) Do you want to apply for exemptions as a result of previous study? Yes No Please Note: Any Credit Transfer applications made after a Letter of Offer has been issued will be subject to approval and may attract additional fees. **7. EDUCATIONAL QUALIFICATIONS** (Certified copies of all documents must be attached to your application form) Have you studied at a high school in Australia? Yes If yes, please provide the details: No ATAR or equivalent Name of qualification Institution State/ Postcode Date commenced Date completed/left Yes No Do you have any other secondary or post-secondary Australian or international educational qualifications? Name of qualification Institution Country Date commenced Date completed/left Completed Yes No

Please provide certified copies of ALL your results including ATAR-UAI or equivalent (e.g. TAFE) and any post school studies. Certified English translations are required for documents in another language. Certified copies must be stamped REMOVE and INSERT or signed by a Justice of the Peace, Commissioner for Declarations, an approved KOI education agent or the issuing authority/institution, and be stamped with the certified's stamp including the certified's printed name, title/position, signature and date of certification. All documents not in English must be accompanied by certified and translated English copies by an approved translator.

Yes

Yes

No

Nο

8. ANYTHING THAT MAY AFFECT YOUR STUDY? (Certified copies of all documents must be attached to your application form) Is there anything that may affect your ability to study at KOI? Yes Nο Other If YES - is your issue Medical (including pregnancy) Legal If YES – you must provide brief details below. Full details including medical or other assistance needed and supporting documents should be attached to this application form. Please note that KOI has limited resources to provide study assistance in some instances. **Brief details:** CHECK THAT YOU HAVE ATTACHED ALL REQUIRED DOCUMENTS BEFORE SUBMITTING YOUR APPLICATION 9. DECLARATION AND SIGNATURE If ALL necessary documents have not been submitted, the admissions process will be delayed. Offshore (i.e. currently outside Australia) Onshore (i.e. currently in Australia) KOI student application form with all fields accurately completed KOI student application form with all fields accurately completed A certified, notarised or attested copy of proof of English A certified, notarised or attested copy of proof of English A certified, notarised or attested copy of your passport A certified, notarised or attested copy of your passport A certified, notarised or attested copies of all your academic documents A certified, notarised or attested copies of all your academic documents If applicable: If applicable: A certified, notarised or attested copy of change of name documents A copy of your current Confirmation of Enrolment (CoE) A certified, notarised or attested copy of change of name documents • I understand that the information I provide on and with this form will be used to assess my application. · I declare that the information provided by me on this form is true and complete in every detail. I acknowledge that KOI reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. · I authorise KOI to obtain further information about me from educational and other institutions which I have attended and from Australian Government Authorities such as the Department of Home Affairs (DHA) and the Department of Education, Skills and Employment (DESE). · I authorise KOI to supply any relevant official KOI records to educational institutions to which I am seeking admission, to other relevant higher educational governing and examining bodies, and to relevant Australian Federal, State or Territory Government Departments such as the DESE and DHA. • I understand that if I have chosen to arrange my own Overseas Student Health Cover (OSHC), I will provide evidence when enrolling. I understand that once I am enrolled, KOI will communicate with me on a range of matters relating to my course of study at KOI. · I consent to KOI utilising any contact details I have provided for communications, including communications on services or products offered by KOI. I acknowledge that KOI reserves the right to vary course fees, course content and structure and graduation requirements from time to time. **Date:** *D D M M Y Y Y Y* 9.1 To be completed by Agent (not applicable for direct applicant) The above mentioned information is verified and true to the best of my knowledge and belief. Branch Manager or authorised officer: Signature: Name:

Office Use Only

Received by: