KING'S OWN INSTITUTE*

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 9, 11 York Street, Sydney NSW 2000, Australia. Please use CAPITAL (BLOCK) letters and TICK OR CROSS the relevant boxes.

	. DETAILS					
Have you previo	usly studie	d at KOI?		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: D D M M Y Y Y Y
Given name:						Nationality:
Permanent add	ress in hom	e country	(required	, must in	iclude postco	ode):
Number	Street Name			Tov	vn, City or Suburb	State, Territory, Province or County Postcode/ Country
Current resident	tial address	(only if di	fferent fro	m your	permanent a	ddress in your home country – do not include agent's contact details)
Applicant's pers	onal email	address:				
2. AGENT DE	TAILS (If a	pplicab	le)			
Agent name:						Telephone:
Email:						Contact person:
3. OVERSEAS						
VISA INFO	RMATION	– (Certifi	ed copies (of all doc	tuments must	be attached to your application form)
Country of birth	1:					Passport No:
Have you applie	ed for OR do	o vou hold	d any type	of Austr	ralian vica.	Yes No If yes, visa type:
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Compulsory Health Cover: It is an Australian Government Requirement that all overseas (international) students studying in Australia on a student visa are covered by Overseas Student Health Cover (OSHC) for the duration of their visa (see https://www.health.gov.au/resources/collections/overseas-student-health-cover-oshc-resources for details). Payment of OSHC must be made if you accept an offer of study from KOI. If you are accompanied by family and children, you must have the compulsory family policy for OSHC. If you do not yet have health cover, KOI can help arrange visa-length cover with our preferred OSHC provider Australian Health Management (AHM) (www.ahmoshc.com.au).

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. WHEN DO YOU WANT TO START YOUR COURSE?

Year: Starting trimester: Trimester 1 Trimester 2 **Trimester 3** July November March

> August (Intensive) September (Intensive)

> > **BUSINESS AND MANAGEMENT COURSES**

INFORMATION TECHNOLOGY COURSES

No Specialisation (General)

4.1. WHICH LOCATION DO YOU WANT TO STUDY?

Sydney Newcastle

5. COURSE DETAILS (Please tick the box of the course you are applying for)

ACCOUNTING COURSES

070368K Diploma of Accounting 070369J Diploma of Management

070366A Bachelor of Business (Accounting) 070367M Bachelor of Business (Management and Finance)

076831K Master of Accounting 076833G Graduate Certificate in Business

076835F Master of Professional Accounting 087650B Graduate Diploma of Business 113883J Master of Business Administration

INFORMATION SYSTEMS COURSES

111587M Graduate Certificate of Information Systems 108617C Diploma of Information Technology

112953H Graduate Diploma of Information Systems 098239M Bachelor of Information Technology

112952J **Master of Information Systems** 0100971 Graduate Certificate of Information Technology

Specialisations: 0100970 Graduate Diploma of Information Technology

Information Security

0100969 Master of Information Technology **Business Analytics**

Specialisations: Cybersecurity

Data Analytics

PACKAGED COURSES

076835F

Master of Information Technology (packaged with Graduate Certificate of Information Systems) 083136G Graduate Certificate of TESOL 0100969

083135J Graduate Diploma of TESOL Master of Professional Accounting

(packaged with Graduate Diploma of Business) 083134K Master of Arts (TESOL)

117331J Master of Arts (TESOL) (Professional)

TESOL COURSES

Non-Award Cross - Institutional

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.

	a high school in Australia?	Yes	No If yes, please	provide the details:		
Name of qualification	Institution		State/ Postcode	Date commenced	Date completed/left	ATAR or equivalen (if applicable)
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o you have any oth	er secondary or post-second	ary Austra	lian or international	educational qualifica	ations?	Yes No
ame of qualification	Institution		Country	Date commenced	Date completed/left	Completed
				M M Y Y	M M Y Y	Yes No
				M M Y Y	M M Y Y	Yes No
				M M Y Y	M M Y Y	Yes No
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8. ANYTHING TH	AT MAY AFFECT YOUR ST	UDY? (Cer	tified copies of all docume	nts must be attached to y	your application form)	
s there anything tha	t may affect your ability to stu	ıdy at KOI?	Yes	No		
f YES - is your issue	Medical (including pro	egnancy)	Legal	Other		
CHECK THAT YOU HAV	E ATTACHED ALL REQUIRED DOC	CUMENTS B	EFORE SUBMITTING YOU	UR APPLICATION		
D. DECLARATION	AND SIGNATURE					
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