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## International Student Application Form Bachelor of Business (Marketing)

Melbourne Institute of Higher Education Pty Ltd | ABN: 87 637 251 462

TEQSA Provider ID: PRV14350 | CRICOS Provider No: 04018B

Website: www.mihe.vic.edu.au | Email: admin@mihe.vic.edu.au | Phone: +61 8686 9127

Campus Address: 150 High St, Preston, VIC 3072



PERSONAL DET	AILS				
Title	🗆 Mr	🗌 Mrs	🗌 Ms	☐ Miss	□ Other
First Name				Last/Family Name	
Gender	🗌 Male	E Female	• [	Indeterminate/Inte	rsex
Date of Birth	DD /	MM / YYY	Y	Country of Birth	
Nationality				Marital Status	
Passport No.				Passport Expiry Date	
Mobile Number				Phone Number	
Email					
Are you currently in Australia	🗌 Yes	🗌 No	if no, c	ountry where you ar	e living
RESIDENTIAL AD	DRESS (pe	ermanent addro	ess in ho	me country)	
Street Number				Street Name	
Suburb / Town				State	
Country				Post Code	
POSTAL ADDRES	SS (if same	as above, plea	ase write	'same as above')	
Street Number				Street Name	
Suburb / Town				State	
Country				Post Code	
CURRENT ADDR	ESS (if you	are in Australi	ia, please	complete the curr	ent address or else leave it blank)
Street Number				Street Name	
Suburb / Town				State	
Country				Post Code	
EMERGENCY CO	NTACT DE	TAILS			
Name					
Relationship					
Address					
Mobile				Phone	
Email				1	

Bachelor of Business (Marketing)         Semester-1 (March 2023)         ENCLISH LANGUAGE PROFICIENCY         Please attach a certified copy of the English Proficiency Test with your application.         English is my first language       Yes         No       if no, provide details below.         Do you have English test results?       Yes         No       if no, provide details below.         Do you have English test results?       Yes         Listening       Overall Bands         Writing       Test Date         DD/MM/YYYY       Speaking         TOEFL Score       Reading         Reading       Overall Score         Writing       Test Date         DD/MM/YYYY         Speaking       Overall Score         Writing       Test Date         DD/MM/YYYY         Speaking       Overall Score         Writing       Test Date         DD/MM/YYYY         Other Test       Reading         Listening       Overall Score         Writing       Test Name         Dispeaking       Overall Score         Writing       Test Name         Listening       Overall Score         Writing       Test Date <th>HIGHER EDUC</th> <th>ATION COURSE INTAK</th> <th>E</th> <th></th> <th></th>	HIGHER EDUC	ATION COURSE INTAK	E		
Semester-2 (July 2023)         ENCLISH LANGUAGE PROFICIENCY         Please attach a certified copy of the English Proficiency Test with your application.         English is my first language       Yes       No         if yes, please provide the details below.       No         IELTS Score       Reading       Overail Bands         Writing       Test Date       DD/MM/YYYY         TOEFL Score       Reading       Overail Score         Writing       Test Date       DD/MM/YYYY         PTE Score       Reading       Overail Score         Writing       Test Date       DD/MM/YYYY         PTE Score       Reading       Overail Score         Writing       Test Date       DD/MM/YYYY         PTE Score       Reading       Overail Score       Test Date         Writing       Test Date       DD/MM/YYYY         PTE Score       Reading       Overail Score       Test Date         Writing       Test Date       DD/MM/YYYY         Speaking       Overail Score       Test Date         Writing       Test Date       DD/MM/YYYY         Speaking       Overail Score       Test Date         Writing       Test Date       DD/MM/YYYY         S	Bachelor of Business (Marketing)				
ENGLISH LANGUAGE PROFICIENCY         Please attach a cortified copy of the English Proficiency Test with your application.         English is my first language       Yes       No         If yes, please provide the details below.         If yes, please provide the details below.         IELTS Score       Reading         Ustening       Overall Bands         Writing       Test Date         DD/MM/YYYY         Speaking       Overall Score         PTE Score       Reading         Reading       Overall Score         Writing       Test Date         DD/MM/YYYY         Speaking       Overall Score         Writing       Test Date         DD/MM/YYYY         Speaking       Overall Score         Writing       Test Date         DD/MM/YYYY         Speaking       Overall Score         Writing       Test Date         Ustening       Overall Score         Writing       Test Name         Listening       Overall Score         Writing       Test Name         Distening       Overall Score         Writing       Test Date         Diverall Score       Test Date         Writi	Semester-1	(March 2023)			
Please attach a certified copy of the English Proficiency Test with your application.         English is my first language       Yes       No       if no, provide details below.         Do you have English test results?       Yes       No       if no, provide details below.         IELTS Score       Reading       Overall Bands	Semester-2	(July 2023)			
English is my first language       Yes       No       if no, provide details below.         Do you have English test results?       Yes       No       if yes, please provide the details below.         IELTS Score       Reading       Overall Bands	ENGLISH LANG	BUAGE PROFICIENCY			
Do you have English test results?       Yes       No         If yes, please provide the details below.       IELTS Score       Reading       Overall Bands	Please attach a ce	ertified copy of the Englis	h Proficiency Test w	ith your application.	
If yes, please provide the details below.         IELTS Score       Reading         Listening       Overall Bands         Writing       Test Date         DD/MM/YYYY         TOEFL Score       Reading         Reading       Overall Score         Writing       Test Date         DV/MM/YYYY         Speaking       Overall Score         Writing       Test Date         DV       DV         Yriting       Test Date         Writing       Test Date         DV       DV         Speaking       Overall Score         PTE Score       Reading         Viting       Overall Score         Writing       Test Date         DV/MM/YYYY       DV         Speaking       Overall Score         Writing       Test Name         Ustening       Overall Score         Ustening       Overall Score         Writing       Test Name         Ustening       Overall Score         Writing       Test Date         DV       DV         Speaking       DV         Virting       Test Date         Please indicate your current level of E	English is my firs	t language 🛛 Yes	🗌 No 🛛 if no, pr	ovide details below.	
IELTS Score       Reading	Do you have Engl	lish test results? 🗌 Yes	🗌 No		
Listening       Overall Bands         Writing       Test Date         Speaking       DD/MM/YYYY         TOEFL Score       Reading         Listening       Overall Score         Writing       Test Date         DD/MM/YYYY         Speaking       DD/MM/YYYY         Speaking       Overall Score         Writing       Test Date         DD/MM/YYYY       DD/MM/YYYY         Speaking       DD/MM/YYYY         Speaking       Overall Score         Writing       Test Date         Uriting       DD/MM/YYYY         Speaking       Overall Score         Writing       Test Date         DD/MM/YYYY       DD/MM/YYYY         Speaking       Overall Score         Other Test       Reading         Listening       Overall Score         Listening       Overall Score         Writing       Test Name         Listening       Overall Score         Writing       Test Date         DD/MM/YYYY       Speaking         Please indicate your current level of English:	If yes, please prov	vide the details below.			
Writing	IELTS Score	Reading			
DD/MM/YYYY       Speaking       TOEFL Score       Reading       Listening       Writing       Speaking       PTE Score       Reading       Listening       Listening       DD/MM/YYYY       Speaking       PTE Score       Reading       Listening       Listening       Viriting       Speaking       Viriting       Speaking       Other Test       Reading       Listening       Other Test       Reading       Viriting       DD/MM/YYYY       Speaking       Other Test       Reading       Listening       Overall Score       Please indicate your current level of English:		Listening		Overall Bands	
Speaking		Writing			
Reading		Speaking		DD/MM/YYYY	
Writing	TOEFL Score	Reading			
PTE Score     Reading		Listening		Overall Score	
Speaking		Writing			
Reading		Speaking		DD/MM/YYYY	
Listening       Overall Score         Writing       Test Date         Speaking       DD/MM/YYYY         Other Test       Reading         Listening       Test Name         Listening       Overall Score         Writing       Test Name         Vitting       DVerall Score         Writing       DVerall Score         Writing       DVerall Score         Speaking       DVerall Score         Please indicate your current level of English:	PTE Score				
Writing					
Other Test     Reading        Dther Test     Reading        Listening      Overall Score        Writing      Test Date        DD/MM/YYYY     DD/MM/YYYY     DD/MM/YYYY					
Other Test     Reading     Test Name       Listening     Overall Score       Writing     Test Date       Speaking     DD/MM/YYYY					
Reading		Speaking			
Writing        Speaking        Please indicate your current level of English:	Other Test	Reading		Test Name	
DD/MM/YYYY       Speaking       Please indicate your current level of English:		Listening		Overall Score	
Speaking		Writing		Test Date	
		Speaking			
	Please indicate your current level of English:				
Beginner Elementary Pre-intermediate Upper-intermediate Advanced					

DISABILITY OR M	IEDICAL CONDITION			
Do you consider yourself to have a disability, impairment, long-term condition or medical condition?				
🗌 No 🔲 Yes	if yes, please indicate the areas			
│ │	] Physical 🗌 Intellectual 🗌 Le	arning 🗌 Mental i	illness 🔲 Acquired brain impairment	
Vision Med	lical Condition *(please explain)			
	explain)			
	IFICATION AND EDUCATIONAL B			
TREVICCO QUAL		AGRONOUND		
Are you still attendi	ing secondary school? 🗌 Yes 🗌	No		
What is your highes	st COMPLETED school level? *(please	tick only one box)		
☐ Year 12 ☐ Ye	ear 11 🗌 Year 10 🗌 Year 9 or Equ	uivalent 🗌 Year 8	or Lower 🔲 Never attended School	
Have you successfu	ully completed any qualifications abov	re Year 12?		
☐ Yes (please prov	vide the details below) 🗌 No			
Qualification Name			Year Completed	
Institution Name				
Institution Contact	Details			
Phone Number	E-mail			
Country *(where qu	alification was completed)			
CREDIT TRANSFE	ER /RPL			
Are you applying for	r Recognition of Prior Learning?			
🗌 Yes 🗌 No				
Are you applying		Are you applying		
for Recognition of Prior Learning?		for Credit Transfer?		
A certified copy of the	he academic transcript			
Subject or course or	utline from the institution for respectiv	e subjects		
Credit form with the	subject code(s) of the subject(s) credi	its are applied		
Extracts from institutional handbooks or other documentation giving sufficient details of the studies to allow an assessment of the application. All supporting documentation must be in English, including certified translations where appropriate.				
EDUCATION DETAILS (Highest first)				
Qualification	Institution	Completed or not	Date finished	



STUDY REASON	
Of the following categories, which BEST describes your r tick only one box)	nain reason for undertaking this course at MIHE? *(Please
☐ To get a job	☐ To develop my existing business
☐ To start my own business	To try for a different career
☐ To get a better job or promotion	☐ It was a requirement of my job
☐ I wanted extra skills for my job	☐ To get into another program of study
☐ For personal interest or self-development	☐ To get skills for community/voluntary work
□ Other reasons	
EMPLOYMENT (In your home country)	
What is your current employment status?	
Unemployed Self-employed Full-time emp	loyee 🗌 Part-time employee
If employed, please provide the details below:	
Employer Name	Year of commencement
Employer Contact Details	
Phone Number E-mail	Country
VISA INFORMATION	
Do you currently hold any Visa for Australia?	
□ NO, if no.	
Have you ever applied for any visa for Aust	ralia, and it was granted?
OR Have you ever applied for any visa for Aust	ralia and it was rejected?
☐ YES, please provide the details below:	
Visa Grant Number Visa Subclass	
	DD/MM/YYYY
GENUINE TEMPORARY ENTRANT AND FINANCIAL	CAPACITY
Do you consider yourself a Genuine Temporary Entrant? Requirement, please visit <u>https://immi.homeaffairs.gov.au/visa</u>	(For more information on the Genuine Temporary Entrant as/getting-a-visa/visa-listing/student-500/genuine-temporary-entrant.
YES *(Please provide a Genuine Temporary Entrant Starequirements provided in this link <a href="https://immi.homeaffairs.gentrant.">https://immi.homeaffairs.gentrant.</a>	atement attached to your application, including all the ov.au/visas/getting-a-visa/visa-listing/student-500/genuine-temporary-



Do you currently hold enough funds to support the followings listed below?			
50% of the applied Course fee 🗌 YES 🔹 NO			
Living Cost in Australia (AUD\$ 21,041 per year for an individual) 🛛 YES 🔲 NO			
<b>Note:</b> If yes to any of the above, please provide the Bank Statement or Confirmation of Bank Balance or any other proof that shows funds are accessible for you to use.			
ADDITIONAL SERVICES			
Would you like us to arrange an airport pickup for you at the time of your arrival in Australia?			
□ YES*(the airport pickup service charges usually vary between AUD \$100 - AUD \$200)			
Would you like us to arrange your Overseas Student Health Cover (OSHC) for your entire period of study in Australia?			
☐ YES*(the charges for an individual OSHC cover vary between AUD\$1,200 - AUD\$1,500)			
ADDITIONAL SUPPORT			
Do you require any additional support while studying at MIHE?			
YES, please provide all the details and any relevant documents with this application.			
DOCUMENT CHECKLIST *(Please ensure that you have attached all the documents listed below)			
Certified copy of current passport			
Certified copy of Year 12/ Senior high school documents			
Certified copies of all the qualifications completed (if applicable)			
Certified copies of all the qualifications completed (if applicable)			
Certified copies of all the qualifications completed (if applicable) Certified copy of English Proficiency Test			
<ul> <li>Certified copies of all the qualifications completed (if applicable)</li> <li>Certified copy of English Proficiency Test</li> <li>Certified copies of financial documents</li> </ul>			



#### STUDENT DECLARATION

I declare that the information submitted with this application is true, complete and up to date. I acknowledge that the
provision of incorrect information or the withholding of relevant information relating to my application might invalidate my
application and that MIHE may refuse to assess my application or withdraw a letter of offer or cancel my enrolment at any
stage.

I authorise MIHE to verify my academic and professional qualifications and work experiences. I understand that MIHE reserves the right to inform other tertiary institutes and regulatory agencies if any of the document provided to support my application is found to be false.

I confirm that I have received and read MIHE's current prospectus and information available on. <u>https://www.mihe.vic.edu.au</u> and fully understand the requirements of the course applied.

□ I have read, understood and consent to the Terms and Conditions of Enrolment and International Student Refund Policy and Procedure of MIHE.

$\Box$ I understand that at the time of enrolment, I will be required to provide all original documents submitted at the time of this
application.

I understand that MIHE reserves the right to alter any course, program, unit, entry requirements or fees without prior notice.

□ I declare that I am a Genuine Temporary Entrant (GTE) and genuine student and that I have read and understood conditions relating to these requirements available at: https://www.homeaffairs.gov.au. I understand that if MIHE forms the opinion that I am not a Genuine Temporary Entrant (GTE) and genuine student, it may refuse to assess my application or withdraw a letter of offer or cancel my enrolment at any stage.

I am aware of the estimated total course fees at MIHE and living expenses for my study in Australia. I understand that the total course fees do not cover the cost of books, materials, travelling and any additional cost related to my study in Australia.

□ I declare to have enough funds to support myself and my family members (if applicable) for the total period of my stay in Australia, including course fees for myself and any school-aged family members in this application, living expenses, travel costs, Overseas Students Health Cover (OSHC), regardless of whether my dependents intend to accompany me in Australia.

Australian law states that applicants under the age of 18 must have signed consent from a parent or guardian. I understand that parent or guardian countersigns all applicants under 18 years of age.

□ I have read and understood MIHE's Privacy Policy provided at: <u>https://www.mihe.vic.edu.au</u>. I understand that the personal information I have provided may be released to government agencies as required by law. I further understand that it may be disclosed to third parties for the purpose of progressing my application.

I authorise the institute to access the Australian Immigration Visa Entitlements Verification Online (VEVO) system to obtain information on my visa status at any time.

I declare that my signature is true and correct and matches the signature on my passport.

□ I declare to abide by the policies, procedures, rules and regulations of MIHE. I have read and understood the above conditions and accept them in full.

Applicant name \_\_\_

\_\_\_\_\_ Signature of applicant \_\_\_\_\_\_ Date \_\_\_

Dale

\_\_\_Date \_\_\_\_

Name and signature of guardian \_\_\_\_\_\_ (if the applicant is under 18 years of age)

