

INTERNATIONAL STUDENT Application Form

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

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

150 High St, Preston, VIC 3072

https://www.mihe.vic.edu.au/



PERSONAL DETAILS					
Title	□Mr	□Mrs	□Ms	□Miss □0	ther
First Name				Last Name	
Gender	□Male		□Female	□In	determinate/Intersex
Date of Birth	DD /MM	/ YYYY		Country of Birth	
Nationality				Marital Status	
Passport No.				Passport Expiry	DD /MM /YYYY
Mobile Number				Phone Number	
Email					
Are you currently in Australia?	□Yes	□No	If no, country	/ where you are currer	ntly living
RESIDENTIAL A	ADDRESS	(permanen	t address in hor	me country)	
Street Number				Street Name	
Suburb/Town				State/City	
Country				Post Code	
POSTAL ADDRE	ESS (if same	as above,	please leave it	blank)	
Street Number				Street Name	
Suburb/Town				State/City	
Country				Post Code	
CURRENT ADD	RESS (If stu	ident does	not have currer	nt address in Australia	a, please leave it blank)
Street Number				Street Name	
Suburb/Town				State/City	
Country				Post Code	
EMERGENCY C	ONTACT D	ETAILS			
Name					
Relationship					
Address					
Mobile				Phone	
Email					



HIGHER EDUCATION COURSE INTAKE					
Course	☐ Bachelor of Business (Marketing)				
Intake	Semester-3 (September 2023) Semester-1 (January 2024) Semester-2 (May 2024) Semester-3 (September 2024)				
	UAGE PROFICIENCY ied copy of the English Language Proficiency Test with your application				
First Language	□English □Other, please write				
Do you have English Test Results?	□Yes □No □I have booked for <u>DD /MM /YYYY</u>				
If yes, please provid	e the details below:				
☐ IELTS					
☐ TOEFL	Reading Overall Bands Listening Test Date DD /MM /YYYY Speaking				
☐ PTE	Reading				
Other Test (please write the name below)					
How well do you speak English?	□Excellent □Very well □Well □Not well □Not at all				



DISABILITY OR MEDICAL CONDITION					
Do you have any disabilities or medical conditions that you would like MIHE to be aware of?					
□No	☐Yes ☐ Prefer not to say				
If yes, please indicate the areas: ☐ Hearing impairment ☐ Neurological condition ☐ Learning Disability	Uvisual impairment ☐ Mobility impairment ☐ Other, please explain:	☐ Chronic illness (e.e.☐ Mental Health cond	g. diabetes, asthma) dition (e.g., anxiety, depression		
* Please note that your response	e to this question will not impact	the evaluation of your	qualifications.		
PREVIOUS QUALIFICATIO	ON AND EDUCATIONAL BA	CKGROUND			
Are you still attending secondar	y school?	□Yes	□No		
What is your highest COMPLETE	ED qualification level? *(please ti	ck only one box)			
\square Year 12 or Equivalent	☐ Year 11 or Equivalent	☐ Masters' Degree	☐ Bachelors' Degree		
Qualification Name		Year Completed			
Institution Name					
Institution Contact Details Phone Number Email					
Country (where the qualification was completed)					
CREDIT TRANSFER / RPL					
Are you applying for Recognition	n of Prior Learning?	□Yes	□No		
Are you applying for a Credit Tra	ansfer?	□Yes	□No		
If answered yes to either, you must provide the following attachments: A certified copy of the academic transcript Subject or course outline from the institution for respective subjects Credit form with the subject code(s) of the subject(s) credits 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.					



PURPOSE OF STUDY *(Select one only)							
	To get a job		П	To e	explore a different	t career path	
	To start my own business				-	•	
	•				levelop my curre		
	To pursue better job oppo	rtunities or promotion	П	It is	a requirement fo	r my current job	
	To obtain additional skills	relevant to my job		To g	gain admission to	another program of study	
	For personal interest or so	elf-development		То о	btain skills for co	ommunity/voluntary work	
	Other, please specify:					_	
EMPL	OYMENT						
What is your current employment status? □Full-time employee □Part-time employee □Casual Employee □Self-employed □Unemployed							
Please	provide your employer detai	ils below:					
Employ	er Name		Year	of Comr	nencement		
Employ	er Contact Details						
Phone I	No	Email			Country		
VISA I	VISA INFORMATION						
Do you	currently hold any VISA for	Australia?					
	□ NO						
	Have you previously held any	y visa for Australia?		Yes, No.	Visa Subclass		
	Have you ever applied for an it was granted/rejected?	y visa for Australia and		Granted		Rejected	
	Reason for rejection (if applicable):						
YES, please provide the details below:							
Visa Gra	nt Number:	Visa Subclass:			Visa Expiry Date	e: DD /MM /YYYY	
GENUINE TEMPORARY ENTRANT AND FINANCIAL CAPACITY							
Do you meet the criteria of a Genuine Temporary Entrant ('GTE')? (For detailed information about the GTE requirement, please visit the website: https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/genuine-temporary-entrant)							
□ NO							
	YES *Please provide a Genuine Temporary Entrant Statement attached to your application, including all the requirements provided in above link.						



Do you currently hold sufficient funds to cover the following expenses as listed below?					
First year of the applied course fee?	☐ Yes		☐ No		
Cost of living in Australia (for an individual AUD\$21,041)	☐ Yes		☐ No		
Note: If yes to any of the above, please provide the Bank Statement or Confaccessible for you to use.	irmation of Bank Balance	or any other pro	of that shows funds are		
ADDITIONAL SERVICES					
Would you like MIHE to arrange your Overseas Student Health C	Cover (OSHC) for you	r entire period	l of study in Australia?		
☐ Yes ☐ No					
Would you like us to arrange an airport pickup for you at the tim Yes (service changes usually vary between AUD \$100 - AUD \$200 No	_	ustralia?			
ADDITIONAL SUPPORT					
Do you require any additional support while studying at MIHE?					
Yes, please explain below:		No			
	_				
DOCUMENT CHECKLIST *(Please ensure that you have attached all the documents listed below	v)				
☐ Certified copy of current passport					
☐ Certified copy of Year 12 / Senior High School documer	ıts				
☐ Certified copies of all the qualifications completed (if a	oplicable)				
Certified copy of English Proficiency Test					
Certified copies of financial documents					
Genuine Temporary Entrant Statement					
☐ Certified copies of documents to support Credit Transferor Recognised Prior Learning (RPL) process (if applicable)					
Note: Incomplete applications will not be processed. Please ensure all relevant documents are translated into English and certified (where required)					



STUD	ENT DECLARATION	
	I declare that the information submitted with this application is provision of incorrect information or the withholding of relevant application and that MIHE may refuse to assess my application stage.	information relating to my application might invalidate my
	I authorise MIHE to verify my academic and professional quali- reserves the right to inform other tertiary institutes and regulators application is found to be false.	
	I confirm that I have received and read MIHE's https://www.mihe.vic.edu.au and fully understand the requirements	
	I have read, understood and consent to the Terms and Conditions Procedure of MIHE.	of Enrolment and International Student Refund Policy and
	I understand that at the time of enrolment, I will be required to p application.	rovide all original documents submitted at the time of this
	I understand that MIHE reserves the right to alter any course, prog	ram, unit, entry requirements or fees without prior notice.
	I declare that I am a Genuine Temporary Entrant (GTE) and conditions relating to these requirements available at: https://www.opinion.that I am not a Genuine Temporary Entrant (GTE) and gwithdraw a letter of offer or cancel my enrolment at any stage.	v.homeaffairs.gov.au. I understand that if MIHE forms the
	I am aware of the estimated total course fees at MIHE and living total course fees do not cover the cost of books, materials, taustralia.	
	I declare to have enough funds to support myself and my family Australia, including course fees for myself and any school-aged costs, Overseas Students Health Cover (OSHC), regardless of Australia.	amily members in this application, living expenses, travel
	Australian law states that applicants under the age of 18 must hat that parents or guardians countersign all applicants under 18 year	
	I have read and understood MIHE's Privacy Policy provided at: h information I have provided may be released to government agen disclosed to third parties for the purpose of progressing my applications.	cies as required by law. I further understand that it may be
	I authorise the institute to access the Australian Immigration Visa information on my visa status at any time.	Entitlements Verification Online (VEVO) system to obtain
	I declare that my signature is true and correct and matches the sig	nature on my passport.
	I declare to abide by the policies, procedures, rules and regu conditions and accept them in full.	ations of MIHE. I have read and understood the above
		DD /MM /YYYY
	Applicant Full Name	Signature of Applicant & Date
		DD /MM /YYYY
	Name and Signature of Legal Guardian (If the primary applicant is under 18 years of age)	Date



Authorisation - Office Use Only						
	Admonisation					
Authorisation for Pro	ocessing					
Approval Status:	☐ APPROVED		REJECTED			
Date Effective:						
Comments:						
	1					
Print Name:		Positio	on:			
Signature:		Date P	Processed:			
<u>'</u>						

