

POTENTIAL STUDENT DETAIL FORM

Student Name: _____

Gender: ☐ Male ☐ Female ☐ Other _____ Date of Birth: _____

Preferred Course: _____

Preferred Intake: _____

Nationality: _____ Passport Number/ ID Number: _____

Visa Subclass: _____ Visa Expiry Date: _____

Address: _____

_____ State: _____ Post Code: _____

Mobile: _____ Email: _____

Current Course: _____

Current Institution: _____

Current Term: _____

IELTS/TOEFL/PTE Score: _____

How did You Hear About Us? _____

☐ I declare that the information provided is true and correct. I understand that providing false information may affect my application

Date: _____ Student Signature: _____

For Official Use:

Any Proposed Enrolment: Yes / No

If Yes

Course Name: _____

Proposed Start Date: _____

Notes: _____