

# International Student Application Form

Onshore International Student  Offshore International Student

ABN: 74 613 055 440 | TEQSA Code: PRV14311 | CRICOS Provider Code: 03836J  
Sydney Address: Level 14, 233 Castlereagh Street, Sydney, NSW 2000  
Melbourne Address: 94-96 Foster Street, Dandenong, VIC 3175  
Email: enrol@sisto.nsw.edu.au



## Part A - Personal Details

1 **Title**  Mr.  Ms.  Other  
 Mrs.  Miss.

2 **Surname/ Family Name**

3 **Given Name**

4 **Preferred Name**

5 **Gender**  Male  Female  Other

6 **Date of Birth**

7 **Nationality**

8 **USI**

## Part B - Contact Details

1 **Current Address in Australia**

Street   
Suburb  State  Postcode

**Postal Address** (If different from above)

Street   
Suburb  State  Postcode

**Mobile**

**Email**

2 **Address in Home Country**

Street   
Suburb  State  Postcode

**Mobile**

**Email**

3 **Emergency Contact**

**Contact 1**

Name  Relationship   
Contact Number   
Email

**Contact 2**

Name  Relationship   
Contact Number   
Email

## Part C - Visa Details

1 **Passport Number**

2 **Passport Expiry Date**

3 **Country of Birth**

4 **Have you applied for or do you hold any type of Australian Visa:**  Yes  No

5 **If yes, visa type**

6 **Visa Grant Date**

7 **Visa Expiry Date**

## Part D - Health Cover

1 **Are you currently covered by Overseas Student Health Cover?**  Yes  No

2 **Provider**

3 **Membership NO.**

4 **Expiry Date**

## Part E - Course Detail

1 **Bachelor of Information Technology (Course Code: 0102121)**

**Major**  Business Information Systems  
 Digital Enterprise  
(Pick major if known)

**Graduate Certificate in Information Technology (Course Code: 109072A)**

**Graduate Diploma in Information Technology (Course Code: 109071B)**

**Master of Information Technology (Course Code: 109070C)**

**Major**  Digital Leadership  Cyber Security  
 Data Analytics

2 **Intake Date (Trimester)**  MAR  JUL  NOV  
Year

3 **Location**  Sydney  Melbourne

## Part F - English Proficiency

(Please attach certified copy of valid test scores)

1 **Is English your first language?**  Yes  No

IELTS  TOEFL  PTE  CAE

Year of Test  Score

2 **Other (If applicable)**

## Part G - Educational Background

(Please attach certified copies of all academic transcripts and translated into English)

**1 What is your highest completed education level?**

- |  |  |
|--|--|
| <input type="checkbox"/> Year 11         | <input type="checkbox"/> Diploma             |
| <input type="checkbox"/> Year 12         | <input type="checkbox"/> Advanced Diploma    |
| <input type="checkbox"/> Certificate I   | <input type="checkbox"/> Associate Diploma   |
| <input type="checkbox"/> Certificate II  | <input type="checkbox"/> Associate Degree    |
| <input type="checkbox"/> Certificate III | <input type="checkbox"/> Bachelor Degree     |
| <input type="checkbox"/> Certificate IV  | <input type="checkbox"/> Postgraduate Degree |
| <input type="checkbox"/> Other           |  |

**Name of Qualification**

**Institution**

**Country**

**Date Completed** DAY / MONTH / YEAR

**2 Do you have any other secondary or post-secondary Australian or International educational qualification?**  Yes  No

**Name of Qualification**

**Institution**

**Country**

**Completion Date** DAY / MONTH / YEAR

**3 Are you currently enrolled in another institute?**  Yes  No  
(If yes, Please specify qualification)

**Name of Qualification**

**Institution**

**Date Commenced** DAY / MONTH / YEAR

**Expected Completion Date** DAY / MONTH / YEAR

**4 Do you require a release from your current provider?**  Yes  No

## Part H - Advanced Standing/ Credit Transfer

**1 Are you seeking advanced standing or credit transfer for studies completed?**  Yes  No  
(If yes, please provide a completed "Advanced Standing Application form" and submit it with this application)

## Part I - Special Needs

**1 Do you have difficulties in any of the following areas?**  
 Hearing  Mobility  Vision  Other

**2 Other medical condition, please specify**

## Part J - Marketing

**1 Where did you hear about us?**

## Part K - Admission Checklist

- Check that you have:**
- Completed all sections of the application form
  - Read and understood the Conditions of Enrolment and Refund Policy  
*Check that you have attached certified copies of the following (a certified copy is one that matches the original and is signed by an SISTC staff member, Justice of the Peace, notary, or SISTC registered agent):*
  - Your academic qualifications
  - Evidence of your English language proficiency (if required)
  - Certified copy of your passport or birth certificate and certified copy of your visa (if required)
  - Any relevant employment documentation e.g. CV or resume (if required) certified translations of any documents not in English
  - Certified copy of your Overseas Student Health Cover (OSHC)

## Part L - Student Declaration

- I declare the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving fraudulent, false or incomplete information may lead to my application being refused or my enrolment cancelled, and relevant authorities may also be notified.
- I declare that I will be at least +18 years of age prior to commencing.
- I will notify SISTC immediately if there is any change to the information I have given in this application. I have read and understood the relevant program information in the SISTC brochure and/or on the SISTC website and I have sufficient information about SISTC to enrol.
- I understand that it is my responsibility to maintain valid Overseas Student Health Cover (OSHC).
- I authorise SISTC to contact me via SMS, Phone or email.
- I understand that SISTC fees may increase. I accept liability for payment of all fees as explained in the SISTC brochure, and I agree to abide by the Refund Policy as specified on by SISTC. I understand that living expenses in Australia may be higher than in my own country. I confirm that I am able to meet these expenses for the duration of my course at SISTC.
- I have read and understood the Enrolment Policy as specified on the SISTC website. I understand that SISTC may, vary its conditions as may be necessary to comply with any law or regulation, or amendment of any law or regulation, of the Commonwealth of Australia or the State of New South Wales.
- I give permission for SISTC to obtain official records from an educational institution attended by me for the purpose of verifying the supporting documentation I have provided with my application, and to supply my contact details and any relevant official records to educational institutions (including ELICOS providers) to which I am eligible for admission.
- I understand that any conditions concerning an offer of admission will be contained in my letter of offer from SISTC, which I will be required to read and sign. I authorize SISTC to access the Visa Entitlement Verification Online (VEVO) system to check my visa details.
- I understand that information is collected by SISTC during my enrolment in order to meet its obligations under the Education Services for Overseas Students Act 2000 (ESOS Act) and the National Code of Practice for Providers of Education and Training to Overseas Students 2018 and other government departments (such as the Department of Home Affairs and the Department of Education and Training) and agencies involved in administering the ESOS legislation.

**1 Print Name**

**2 Signature**

**3 Date Signed** DAY / MONTH / YEAR

## Part M - Agent Declaration

- I have assessed the applicant as a Genuine Student, confirming that studying the program indicated in their application is their primary purpose for coming to Australia, that they fully understand their obligations as an Australian student visa holder and they have the financial ability to pay their tuition fees and living expenses in Australia.
- I have assessed the applicant is academically qualified for the program they have applied for and has, or will have, the English proficiency level required to commence the program and I have verified the authenticity of documents supplied with this application.
- I am aware that there are implications to SISTC and my agency where a student's visa is refused because they do not meet the Genuine Temporary Entrant (GTE) requirement by signing this form. I am stating that I understand the declarations above and that as far as I am aware the applicant is genuinely committed to complete the course.

**1 Agency Name**

**2 Contact Person**

**3 Contact Number**

**4 Agent's Signature**

**5 Date Signed** DAY / MONTH / YEAR