

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:			
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:		

OFFICE USE ONLY

Any Proposed Enrolment:	☐ Yes ☐ No
If Yes, please fill the section below.	
Course Name:	
Proposed Start Date:	
Notes:	