



## STUDENT ADMISSION APPLICATION FORM

Personal Details			
Have you previously studied at the Southern Academy of Higher Education (SAHE)?		Yes	No
If yes, please provide Student ID Number			
Nationality		Country of Birth	
Passport Number		Expiry Date	
Country of Issue			
Title	Mr.	Ms.	Mrs. Other
Family Name/s			
Given Name/s			
Gender	Male	Female	Unspecified
Date of Birth* (as shown on passport)		Phone	
Email Address			
At the time of application are you in Australia?	Yes	No	
Do you have a current Student Visa?	Yes	No	
	If No, do you have an alternate visa with study rights? Please provide further details and a copy of your visa.		
Do you have a previous Visa?	<input type="checkbox"/> My previous Visa expired <input type="checkbox"/> My previous Visa was revoked <input type="checkbox"/> Not applicable – I do not have a previous Visa		
Have you had a Visa refusal?	<input type="checkbox"/> I have never had a Visa refusal <input type="checkbox"/> My previous Visa was refused (please provide further information in text box below). <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>		
Please provide the name of your current education provider (if applicable)			



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Address in Australia (if known):		
Suburb/City:	Postcode:	State:
Home Country Address:		
Suburb/City:	Postcode:	State:
<i>*Note: SAHE does not accept students under 18 years of age</i>		

Authorised Agent Details (If Applicable)			
Agency Name		Contact Person	
Email Address		Phone	
Emergency Contact			
Contact Name		Relationship	
Address		Phone and/or email address	
Major(s) Selection			
<b>Bachelor of Business (CRICOS Course Code: 114216C)</b>			
Major Options: Please choose your preferred option for major.			
<b>Accounting Major</b>			
<b>Information Systems Major</b>			
<b>Hospitality Major</b>			
If you have chosen a Major that has professional accreditation, you will need to successfully complete all units of that major at SAHE to receive professional body accredited qualification. The accrediting professional body may consider applications on case-to-case basis.			
Intakes			
<b>March</b>	<b>July</b>	<b>Year:</b>	



## STUDENT ADMISSION APPLICATION FORM

English Proficiency	
If English is your first language?	Yes      No
If no, what is your first language?	
Have you completed any secondary or tertiary studies with English as the level of instruction?	Yes      No
Please indicate if you have taken any of the following English Tests:      Overall Score:      Test Date:	
IELTS      TOEFL      PTE      Other	
If you have taken an English Test, please indicate your scores for each category:	
Listening: _____ Reading: _____ Writing: _____ Speaking: _____	
<i>*Note: To check if you have met SAHE's English language Requirements, please refer to the Admissions Policy and Procedure available on the SAHE website <a href="https://sahe.nsw.edu.au/policies-and-procedures/">https://sahe.nsw.edu.au/policies-and-procedures/</a></i>	

Education Background			
Institution/School	Location	Name of Qualification	Year Completed

*P.S: Please sign the declaration printed on the reverse of this application*

Advanced Standing											
Do you wish to apply for Advanced Standing?	Yes      No										
Your USI Number *Mandatory if seeking Credits from Australian RTO	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
If you have studied or are currently studying at another academic institution, you may be eligible for credit/advanced standing towards your course at SAHE.											
Please refer to the <i>Advanced Standing Policy</i> available on the SAHE website ( <a href="http://www.sahe.nsw.edu.au">www.sahe.nsw.edu.au</a> ) for further information on the process and the application deadline.											



## STUDENT ADMISSION APPLICATION FORM

### Overseas Student Health Cover (OSHC)

Would you like us to arrange health cover for you? If yes, please choose the level of cover:

Yes      No      Single      Couple      Family

### Support Services

Do you have a disability, impairment or long-term medical condition, which may affect your studies?

Yes      No

If yes, please specify:

Hearing      Vision      Learning      Mobility      Medical

Other

### Checklist

I have:

- Completed all sections of the application form;
- Attached certified copy of passport and current Australian visa (if applicable);
- Attached certified copies of academic transcript(s) and certificate(s) translated into English (if applicable).
- Attached evidence of English language proficiency.
- Read and sign the student declaration.



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### Declaration

- I declare that the information provided in this application form is true and correct, and the academic records provided are a true record of my academic results.
- I authorise the Southern Academy of Higher Education (SAHE) to obtain enrolment and academic information from any of my previous or current education providers.
- I declare that I have accessed information regarding the costs related to studying at SAHE available on the SAHE website ([www.sahe.nsw.edu.au](http://www.sahe.nsw.edu.au)) and that I have accessed information regarding the costs associated with living in Australia for me and any dependents accompanying me, published by the Australian Government at <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500#HowTo>
- I declare that I have adequate funds available to cover tuition fees, ancillary costs and living expenses for myself and any dependents travelling with me.
- I consent to information collected about me on this form being disclosed if authorised or required by law and/or the Australian Government and/or designated authorities authorised by the SAHE.
- I understand that the SAHE may vary or reverse any decision regarding admission or enrolment based on incorrect, incomplete or fraudulent information provided by me.
- I understand that all documents I submit with my application become the property of SAHE and will not be returned.
- I confirm that I have read and fully understand the requirement of the course as outlined on the SAHE website ([www.sahe.nsw.edu.au](http://www.sahe.nsw.edu.au)).
- I will notify SAHE immediately if there is any change to the information I have given in this application.
- I have read and understood SAHE Refund Policy available on SAHE website ([www.sahe.nsw.edu.au](http://www.sahe.nsw.edu.au)).
- I am aware that \$250 enrolment fee is non-refundable.

Full Name (please print)			
Student Signature		Date	

Please return the completed form along with requested documents to your representative or directly to SAHE:

**By post:** Southern Academy of Higher Education, Level 1, 191 Thomas Street, Haymarket NSW 2000

**By email:** [Admissions@sahe.nsw.edu.au](mailto:Admissions@sahe.nsw.edu.au)

For more information, please contact us or visit our website:

Phone: 1300 967 477 (In Australia); (61) 2 9071 0177 (Outside Australia)

Email: [info@sahe.nsw.edu.au](mailto:info@sahe.nsw.edu.au)

Website: [www.sahe.nsw.edu.au](http://www.sahe.nsw.edu.au)