

International College of Management, Sydney

Complete and sign the Application Form and:

- Forward it with the required attachments to your Education Agent OR
- Send it directly to Head of Development, International College of Management, Sydney
151 Darley Road, Manly NSW 2095 Australia OR
- Submit electronically via our website: www.icms.edu.au

I wish to apply for

Undergraduate program and specialisation	Course CRICOS Code
Preference 1	
Preference 2	

Each program has a unique CRICOS code, using this code in your application will make the admission process quicker. You can find the CRICOS code in the College Prospectus or online at www.icms.edu.au/courses

Commencing:

February
 May
 September
 Year

Postgraduate program and specialisation	Course CRICOS Code
Preference 1	
Preference 2	

Each program has a unique CRICOS code, using this code in your application will make the admission process quicker. You can find the CRICOS code in the College Prospectus or online at www.icms.edu.au/courses

Commencing:

February
 July
 Year

Personal details:

Family name
 Name

Telephone in home country

Address in home country

Suburb	Postcode	Country
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Current address

Suburb	Postcode	Country
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Current telephone	Mobile	Email
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Country of birth	Country of passport	Passport number
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Date of birth: Day Month Year
 Sex: Male Female

Do you currently have an:

Australian visa [international students]: Yes No
 Visa number

When will you/did you first arrive in Australia? Day Month Year

Please advise us of any medical/learning conditions which may affect your academic study or practical training, so that we may provide support for you.

Education details:

Secondary [highest level achieved]:

School attended	Career Advisor	
<input type="text"/>	<input type="text"/>	
ATAR/UAI [if applicable]	Name of qualification	Year completed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tertiary and further education [if any]:

Institution attended	
<input type="text"/>	
Name of qualification	Year completed
<input type="text"/>	<input type="text"/>

Agent: [if applicable]

Name	<input type="text" value="IEC Online GmbH"/>		
Address	<input type="text" value="Marienstrasse 19-20"/>		
Suburb	Berlin	Postcode	10117 Country Germany
Telephone	Fax	Email	
<input type="text" value="+49-30-20458687"/>	<input type="text" value="+49-30-20458688"/>	<input type="text" value="info@ieconline.de"/>	

Agent stamp

ieconline GmbH
 Marienstrasse 19/20, D-10117 Berlin
 Tel. +49 (0)30-20458687
 www.ieconline.de

Parent, legal guardian or sponsor: [for secondary contact]

Name	Relationship to applicant		
<input type="text"/>	<input type="text"/>		
Address	<input type="text"/>		
Suburb	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	Fax	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

How did you first find out about ICMS?

- Career Week
- Education Agent
- UAC Guide
- Word of Mouth
- Newspaper
- Careers Advisor
- College Seminar
- Education Exhibition
- Internet
- Magazine
- College Graduate

Student currently at ICMS

Other

Please attach the following documents to your application form

For all applicants

- Proof of citizenship [copy of passport, birth certificate]
- Certified copies of final education transcripts [official English translations]

For applicants requesting credit transfer

- Certified academic transcripts and course syllabus
- Certified certificates of employment showing all previous work

For all student applicants with international qualifications

- Certified certificates of required English language proficiency tests no older than one year

Declaration

I acknowledge that all the information provided in this application is correct and all sections of the form are complete.

Signature of applicant
<input type="text" value="x"/> DATE / /

For applications to other programs, please go to www.icms.edu.au or contact info@icms.edu.au