APPLICATION FORM



Deakin University English Language Institute (DUELI)

Please select a program (details on pages 9-14 of the **DUELI Guide**) that you think is suitable for you, calculate your fees payable based on the number of weeks you need to study, and fill in the information below. Please note this information provided by you in the fees section may be revised after assessment of your application and supporting documents. Fees and OSHC to be payable by you will be confirmed in the Offer Letter from Deakin.

- Please complete all sections and print neatly in BLOCK LETTERS.
- Return this form and attachments to your representative or send to: Deakin International, 221 Burwood Highway, Deakin University, Burwood, Victoria 3125, Australia

Email: deakin-int-admissions@deakin.edu.au

be confirmed in the Off	fer Letter f	rom Deakin.		Fax: +61 3 9244	5094	
	Item				Fee	Amount due (A\$)
Compulsory fees	Enrolm	ent fee			A\$250	
	Tuition	fee			Melbourne: A\$415 (2017)	
					A\$445 (2018-19) Geelong: A\$370 (2017)	
					A\$385 (2018-19)	
	Overse	as Student Health Cover (if applica				
Additional fees	Homes	tay placement fee (if required – m	ust be paid to Deakir	n University)	A\$250	
Personal detail	ls				TOTAL	A\$
Title (Dr, Mr, Mrs, Ms, I		Family name		Given name(s)	
Date of birth (day / r	month / y	ear) / /		Male	Female Unspecifie	d
Do you have a medic	al conditi	ion or a disability that requires sup	oport while you are a	t Deakin? Yes	. No	
If yes, please specify	, :					
Contact addres	ss in ho	ome country (please advise the	he DUELI office imme	diately if you ch	nange your address)	
Full address		,		, , , , , , , , , , , , , , , , , , , ,		
			Country			Postcode
Email			'			
Telephone ()		Mobile ()		
Country and Area Code	Numbe	r	Country and Area Code	Number		
Address in Aus	tralia (i	if known)				
Full address						
						Postcode
Telephone ()		Mobile ()		
Name of paren	t or le	gal guardian in home co	ountry (students u	inder 18 vears o	of age only)	
Title (Dr, Mr, Mrs, M		Family name	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Given name(s)	
Full address						
			Country			Postcode
Email						
Telephone ()		Mobile ()			

Citizenship														
Country of citizenship (as on passport)								Country of birth						
Do you currently	have a visa to	be in Australia?	No	Yes	(please p	rovide vi	sa type a	and expiry	date below	')				
Visa type (e.g. student, visitor) Visa expiry date						/			Passport ni	umber:				
		fusal from any cou	ntry? No	D	Yes	(please p	orovide (evidence)						
For all also be a sel	ı.													
•		ere applicable and p		ed/certif	fied evider	nce)								
Do you have English test results? (IELTS, TOEFL, etc.) Yes No If yes, please provide the following details:														
IELTS score:	Date:	TOEFL score:	Date:		C-TOEFL	FL score: Date:			Other (test name): Scor		Score	:	Date:	
Indicate your current English level (please tick the appropriate box below)														
Beginner		Elementary		Р	re-interm	nediate		Upp	er-intermed	diate		Advance	ed	
English course requested English for Academic Purposes (EAP) General English (GE) English for Nursing English for Teaching IELTS Preparation														
Number of weeks of	of study required	d: (please tick)	5 10	15	20	25	30	35	40	45	50			
Start date:	/ /	Fi	nish date:	/	,	/								
What do you plan to do after you finish the English course?														
Deakin University undergraduate course Business/voc								ocational c	ourse					
Deakin University postgraduate course						Travel								
Deakin College course						Return home								
Certificate OR Diploma (please specify)						Other (please specify)								
Accommodation and airport transfer If you require homestay, please visit deakin.edu.au/international-students/dueli/where-to-live/homestay for more information and application form. If you require on-campus accommodation, please apply directly at deakin.edu.au/residences. On-campus accommodation is subject to availability and for a minimum stay of five weeks. If you require to be met at Melbourne Airport, please complete the application on deakin.edu.au/international-students/before-you-arrive/airport-reception.														
Privacy statement Deakin University is collecting your personal information for the primary purpose of assessing your application. The University will also use this information to register you in Deakin's student management system, for planning and quality assurance purposes and to notify you about further opportunities and activities of Deakin that may be of interest to you. Your personal information may be stored in 'cloud'-based servers located in Australia or overseas. Deakin may provide your personal information to relevant institutions and employers to verify your qualifications and may disclose your personal information to Australian government agencies, including the Department of Immigration and Border Protection and the Department of Education and Training, where required by legislation or to support your visa application. Your personal information will also be disclosed to your overseas student health cover provider and, if you are under 18 years of age, to the carer appointed for you. If an agent has assisted you with your application for admission or your visa application, Deakin may share your personal information. You are not required to provide the information requested, however if the information is not provided, Deakin may not be able to assess your application. Deakin manages personal information it holds, including requests by individuals for access to their personal information, in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). Deakin's Privacy Policy may be viewed at the Deakin Policy Library – https://policy.deakin.edu.au/. For further information on privacy at Deakin please contact +61 3 5227 8524 or email privacy@deakin.edu.au.														
original documents relating to this app relating to the cour am liable. I am awa	ation as required lication may res rses I have selec are of the likely o	owledge, the inform d and acknowledge t ult in cancellation of ted, admission proce costs of my stay in Au d I agree to release a	he provision of any offer of er edures, fees, re ustralia and hav	incorrect nrolment fund and re the ne	ct informa t or actual d privacy p ecessary fii	tion or do enrolmer policies. I nancial ca	ocumenta nt by Dea undertak ipacity to	ation or the akin Univers ke to make o meet such	e withholding sity. I have re timely paymen costs for th	g of releve ead and o ents of a ne duration	vant inf underst any fees on of m	formation or tood the sec s or associate ny course.	documentation tions of this Guide	
Applicant's signatu	re:						_			/	,	/		
Parent/Guardian's	cionatura							[Date:	/	/			
	or 10 years of as						_	ı	Date:	/	/	/		

(for applicants under 18 years of age)