

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](http://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](http://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](http://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

Current address

Suburb  Postcode  Country

Current telephone  Mobile  Email

Country of birth  Country of passport  Passport number

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

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ATAR/UAI [if applicable]

Name of qualification

Year completed

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Tertiary and further education [if any]:

Institution attended

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Name of qualification

Year completed

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~~Agent~~ [if applicable]

Name

Agent stamp

ICMS International Student Office Germany
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Address

Wilhelmstrasse 63, Aachen
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Suburb

Postcode 52070 Country Germany

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Telephone

Fax

Email

+49 (0) 6151 9674666	+49 (0) 6151 9674668	germany@icms.edu.au
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Parent, legal guardian or sponsor: [for secondary contact]

Name

Relationship to applicant

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Address

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Suburb

Postcode

Country

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Telephone

Fax

Email

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### 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

please specify

Other

please specify

### 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

x

DATE

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For applications to other programs, please go to [www.icms.edu.au](http://www.icms.edu.au) or contact [info@icms.edu.au](mailto:info@icms.edu.au)