



CRICOS Provider Code: 02904K (QLD); 02948J (NSW)

APPLICATION for ADMISSION

Please complete this application form,
 include a passport photograph and the
 required attachments and send to:

SYDNEY COLLEGE OF DIVINITY
PO Box 1882
MACQUARIE CENTRE
NSW 2113

Personal Details

Title: _____

Family Name: _____

First Name: _____ Preferred: _____

Second Name: _____

Marital Status:

Married* Single Other

*Previous Family name: _____

Date of Birth: _____

Gender: Female Male

Home phone: (h) _____

Work phone: (w) _____

Mobile: _____

Fax: (h) _____ (w) _____

Email: _____

Term Address: _____

 _____ Postcode: _____

Postal Address: _____
 _____ Postcode: _____

Permanent Home Address: _____

 _____ Postcode: _____

Personal Details (continued)

Are you of Aboriginal and / or Torres Strait Islander origin?

No Yes, Aboriginal
 Yes, Torres Strait

Country of Birth: _____

If born overseas, year of arrival: _____

Citizenship: _____

**Please provide original or certified copy of
 Birth Certificate or Passport.**

If you are not an Australian citizen, are you a Permanent
 Australian Resident?

No Yes

If Yes, you must provide evidence of Residency.

Do you speak a language other than English at home:

No Yes

If Yes, which language? _____

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

No Yes

If Yes, please indicate.

Hearing Learning Mobility
 Vision Medical Other _____

Would you like to receive advice on support services,
 equipment and facilities which may assist you?

No Yes

Previous Education

Secondary Level

Please include copy of academic record or award

School attended: _____

State: _____ Postcode: _____

Year 12 completed: No Yes

Year that you left school: _____

ATAR/UAI/TER/OP (circle appropriate index) Score : _____

Name of the town/suburb where you lived in your last year of secondary school:

Town/Suburb _____ Postcode: _____

If an Overseas student -

Country of Studies: _____

Language of Studies: _____

Tertiary Level (or other relevant studies)

Please include copies of academic transcripts

Institution 1: _____

Course Name: _____

Year award granted: _____

CHESSN: _____

If incomplete, year withdrew: _____

If incomplete, indicate proportion completed: _____

Institution 2: _____

Course Name: _____

Year award granted: _____

CHESSN: _____

If incomplete, year withdrew: _____

If incomplete, indicate proportion completed: _____

Institution 3: _____

Course Name: _____

Year award granted: _____

CHESSN: _____

If incomplete, year withdrew: _____

If incomplete, indicate proportion completed: _____

Are you currently studying elsewhere?

No Yes

If Yes, complete the following:

Institution: _____

Course Name: _____

Part-time Full-time

Courses

Please indicate which course you are seeking admission into:

Bachelor of Theology (Korean medium)

Have you previously been admitted into a Member Institution of the Sydney College of Divinity?

No Yes

If Yes, where and when and what course? _____

When do you wish to begin study?

(eg Semester / Trimester 1, 2010) _____

Course Admission

On what basis are you seeking admission?

Higher School Certificate or equivalent *copy of transcript

Secondary Education*, TAFE or equivalent *copy of transcript

Higher Education course* (eg. Degree) *copy of transcript

Mature age * copy of passport or birth certificate

Special entry * evidence required

Are you intending to study:

Part-time Full-time

Credit for Previous Study

Would you like to apply for credit for previous study?

Yes No

If Yes, please include a certified transcript of previous study

English Proficiency

Is English your first language? No Yes

(If English is not your first language, you may be required to complete an IELTS test)

If you have completed an English test-

Name of English Language Test Completed: _____

Test Date: _____ Test Score: _____

Please include a copy of the Test Results.

Education Level of your Parents or Guardians

The Department of Employment, Education and Workplace Relations requires this information to be collected for statistical purposes. It will not be used by the Sydney College of Divinity or its Member Institutions in the assessment of your application for admission.

Parent / Guardian 1

Male Female No parent/guardian

What is the highest level of education completed by your parent/guardian 1?

- Postgraduate qualification (e.g. GradDip, Masters , Doctorate)
 Bachelor degree
 Other post-school qualification (e.g. Assoc. Degree, Diploma, Adv. Diploma, completed apprenticeship, VET/TAFE Certificate)
 Completed Year 12 schooling*
 Completed Year 10 schooling, continued, but not Year 12
 Completed Year 10 schooling*
 Didn't complete Year 10 schooling
 Don't know

** or equivalent*

Parent / Guardian 2

Male Female No parent/guardian

What is the highest level of education completed by your parent/guardian 2?

- Postgraduate qualification (e.g. GradDip, Masters , Doctorate)
 Bachelor degree
 Other post-school qualification (e.g. Assoc. Degree, Diploma, Adv. Diploma, completed apprenticeship, VET/TAFE Certificate)
 Completed Year 12 schooling*
 Completed Year 10 schooling, continued, but not Year 12
 Completed Year 10 schooling*
 Didn't complete Year 10 schooling
 Don't know

** or equivalent*

Next of Kin

Name of Next of Kin: _____

Address of Next of Kin: _____

Postcode: _____

Country: _____

Phone: _____

Financial Information

Tuition fees are required before each semester / trimester begins

How do you plan to pay for your study?
(more than one box can be ticked)

- Cash/Cheque
 Credit Card – MasterCard Visa
 Bank Transfer
 Fee Help – A loan provided by the Government.
This can be for all or part of your fees.
 Other: _____

Are you a Pensioner? No Yes

If Yes, please supply evidence for administration purposes

Marketing Information

Why have you chosen to study with this College?

How did you discover this College?

- Web Student Staff
 Exhibition etc. Church Advertising

Application Checklist

- Birth Certificate or Passport
 Passport size photograph
 Evidence of residency (if required)
 Academic Transcripts – secondary and / or tertiary
 Academic Transcripts – seeking credit for previous study
 Fee Help Application (if applying for Fee Help)
 Evidence of being a Pensioner (if required)
 IELTS Test Results (if required)

Other _____

Withdrawal and Refund

Students may withdraw from courses without academic penalty only if notice of withdrawal is submitted in writing to the Registrar by 4.00 pm on the Census Date applicable to the subject in question.

If withdrawal occurs up to 4.00 pm on the Census date the tuition fee will be refunded but a withdrawal penalty will be charged to the student and is payable immediately. Beyond this time, tuition fees will not be refunded. See the Sydney College of Divinity Refund Policy for further details.

If the Sydney College of Divinity Member Institution defaults in delivery of subjects or courses the arrangements set out in the Sydney College of Divinity Refund Policy apply.

I understand and accept the Withdrawal and Refund arrangements of the Sydney College of Divinity's Member Institution.

Signature: _____ **Date:** _____ / _____ / _____

Privacy Legislation

Sydney College of Divinity (SCD) and its Member Institutions require the information requested of you in this form in order to provide you with education services and to cater for particular student's needs. If you do not provide all the relevant information, we may not be able to provide such services and to assess your academic progress.

Please also note that the SCD and its Member Institutions may provide your personal information and sensitive information to third parties (eg educational institutions such as universities, colleges and accreditation bodies and Australian government bodies such as DEEWR, Centrelink and the Department of Immigration and Citizenship, Tuition Assurance Scheme, ESOS Assurance Fund Manager, Graduate Careers Australia, Insync Surveys PL) in order to provide you with high quality education services and assess your academic progress or suitability.

You can request access to your health and personal information by contacting the Privacy Officer.

I understand and accept the privacy legislation.

Signature: _____ **Date:** _____ / _____ / _____

Declaration

I wish to be considered for entry into the program that I have nominated. I declare that the information that I have provided herein is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____ / _____ / _____

OFFICE USE ONLY

Date App. Rec'd: Application Complete?	Credit Application: Y / N
Approved by: Date Approved MI:	Credit Offered: (EFTSL) Credit Used: (EFTSL) Date Credit Approved by SAC: (1.0 EFTSL = 72 credit points)
Formal Accept. Sent:	Source of Credit: HE / VET / HE & VET / Study outside Aus. / Work Experience outside Aus
Date Approved SCD:	If H.E., Provider Name:
Fee Help? Y / N	If VET, Type of Provider: Uni / Other H.E. Provider / TAFE / High School or Aust. Tech. College / Other VET Provider
Entered into eMinerva:	Field of Education: Religious Studies / Philosophy / Counselling Psychology / Phil. & Rel. Stud. / Other: _____ Level of Education: Cert I / Cert II / Cert III / Cert IV / Dip / Adv Dip / Grad Cert / Grad Dip
SCD Student No:	CHESSN: