

Postgraduate

Application for Admission to Postgraduate Programs (By Research)

Application Number: (Office use only)						
Section A: Application fee						
I want to pay my application fee by credit card Yes No Card number Department No Card number Department No Card number No Card	Card type – Mastercard Visa Expiry date (mm/yy)					
Cardholder Name	Cardholder Signature					
OR, I wish to pay to pay the A\$80 application fee by bank draft or bank cheque (payable to La Trobe University) and have attached payment to this application $$\operatorname{Yes} \ensuremath{\mathbb{L}}$$	No .					
Section B: Personal information (compulsory field)						
Have you been previously enrolled at La Trobe University? Yes No If yes plea	ase provide your student number:					
Family Name	Title (Mrs, Miss, Ms, Mr, Dr, etc.)					
Given Name(s)	Sex M or F					
If you have changed your name, give your previous name						
Date of Birth (dd/mm/yy) Country of Birth						
Citizenship Country (Where you were living when y	ou filled out this form)					
Are you a permanent resident of Australia? Yes No No Address						
Number and Street						
Suburb / Town / Country						
Postcode / ZipcodeEmail						
Telephone Mobile	Facsimile					
Are you intending to bring family with you to Australia? Yes No Undecided						
Agent Contact Details (if applicable)						
Agent Name IEC Online GmbH						
Number and Street Marienstrasse 19-20; 10117 Berlin	•					
Telephone+49-30-20458687 Facsimile _+49-30-20 Section C: Course information	0458688 Email_info@ieconline.de					
Title of the degree program you would like to study at La Trobe University (i.e. Master of	Applied Science)					
Proposed School/Department of enrolment						
Campus (please tick) Melbourne (Bundoora) Melbourne (City) Bendigo	Albury-Wodonga Shepparton Mildura					
Prior contact with the School/Department						
It is essential that you make contact with an academic staff member in the area of research	arch in which you wish to study, before your application can be processed.					
Have you contacted the relevant academic School/Department? Yes No						
If yes, please provide the name of the person(s) you would like to nominate as your pot	ential academic supervisor below.					
Name Department						
Proposed commencement date (dd/mm/yy - Compulsory field) [] [] [] [] [] If you have experienced difficulties locating a prospective supervisor, and already meet try to locate a supervisor on your behalf. Your application form will NOT be processed u						
Research Proposal						
Title of research proposal						
Please attach a summary (approximately 3-5 pages) of your research proposal, for Section D: Scholarship information	r details please see Slatrobe.edu.au/international/apply/how-to/research					
Have you received a scholarship to undertake this research program? Yes No						
Name of scholarship/sponsoring body						
If you wish to apply for one or more of the following scholarships, tick the relevant box(e	es). The closing date for scholarships is 30 September each year.					
La Trobe University Postgraduate Research Scholarship (LTUPRS)						
Endeavour International Postgraduate Research Scholarship (EIPRS) La Trobe University Fee Remission Research Scholarship (LTUFRRS)						
If your application for scholarship is not successful tick the relevant box to show what action you want to take.						
I still wish to be considered for admission to the University I wish to withdraw	my application					
Section E: English language proficiency (Please tick where applicable an	d attach documentary evidence)					
English is my first language						
English has been the language of instruction in my tertiary studies (this study must have been completed within the last two years and at an academi	c level acceptable to La Trobe University).					
I have an overall band score of at least 6.5 in the International English Language To (IELTS) academic with no individual band score less than 6.0.	esting System Date of test (dd/mm/yy)					
I have achieved at least the following scores in the Test of English as a Foreign Lar Paper-based Test: A minimum score of 575 with a score of 5 or better in the Test of Computer-based Test: A minimum score of 233 with a score of 5 in essay writing. Internet-based Test (IBT): A minimum score of 88 with no individual score less the	of Written English.					
I intend to sit for an IELTS or TOEFL test on:	(dd/mm/yy)					
I have satisfactorily completed an approved English language course at:	()))					
Name of institution:	Date of test (dd/mm/yy)					
I have applied for/am attending an English language course at the La Trobe Univer	rsity International College Language Centre. For 10 20 25 30 or weeks of English					

(List all courses in w	nich you ha	we been enrolled at tertiary insti	tutions. Attach original c	or certified acad	emic transcripts	for each course)			
Secondary Studies									
Abbreviated Title of Queg: BSc	alification	Awarding Institution eg: La Trobe University	Period of Enrolment eg: 2003 – 2005	Completed? eg: Yes	When? eg: 2005	Language of Instruction eg: English			
Award(s) for Achiever	ment								
Have you ever received a	n award, sch	plarship or other recognition for acader	mic achievement(s)? Yes	No If y	es, attach a brief de	escription of your achievements.			
Research Experience									
Have you ever completed	d research of a	a substantial nature? Yes No	If yes, attach a brief de	scription of your re	search.				
Publications									
Have you ever been the a	author or co-a	uthor of any academic publication(s)?	Yes No If yes, at	tach a list of any si	gnificant publication	ns and indicate the author(s).			
Section G: Relevant	Employmer	ıt							
experience in this section	e.g. teaching	e for the degree of Master of Applied S g, social work, clinical psychology, con	nputer programming, relevan	it paid or voluntary	work experience).	f previous professional			
All other applicants shouly You can include previous	ld list work/pro and current for	ofessional experience (paid or unpaid) ull-time or part-time work. If part-time, ç	only if it is relevant to this ap give the number of hours wor	plication. ked each week (e.	g. PT 25hrs/wk).				
Dates of Employment			Full Time Part Time	1					
Name and Address of Er	nployer								
Duties and Responsibility	/								
Professional qualification	s (attach docu	umentation, transcripts etc.)							
Section H: Referees									
All applicants must reque to La Trobe International.	est two (2) sen Forms are av	ior academics familiar with their recent ailable at: ⊘latrobe.edu.au/internation	achievements to send a cor al/apply/how-to/research	nfidential Academio	c Referee Report or	the appropriate form directly			
Please note Your applica	ation will not b	e assessed until we have received both	h Academic Referee Reports						
List the academic referee	es who have a	greed to forward reports.							
Referee 1			Referee 2						
Address			Address						
Email			Email						
If you are applying for a F	Professional D addition to the	octorate you must also request two ref e two Academic Referee Reports). Plea	erees familiar with your profe	essional experience ternational/apply/h	e to submit a profes ow-to/research	sional referee report to			
Section I: Check Lis	t								
Check that you have: Completed and sign		tion forms			•	ing to each application form:			
Answered all question		auon iorm		Original or certified copy of evidence of any change of name Summary of research proposal					
= ') or indicated your credit card details		Evidence of English language proficiency					
=	,	and given each referee a copy of the	=	Original or certified copies of academic transcripts and evidence of completion,					
Academic Referee R	eport form to	return promptly to La Trobe Internation		ant previous studie					
Made a copy of the application form for your own records			=	Details of any awards or achievements					
			=	Details of any research experience					
			= '	List of any academic publications Details of any relevant research and/or professional experience including					
				our Curriculum Vita		nal expenence including			
Section J: Declaration I declare that the information		ement on this form is true and complete in ev	ery I consent to the	University:					
detail. I authorise La Trob	e University to	o obtain further information about me fr n I have attended, and from Australian	om a) using and	a) using and disclosing my personal information in accordance with the University's Refund Policy and Privacy Statement; and					
government authorities s	uch as Depart	ment of Immigration and Citizenship (I bloyment and Workplace Relations (DE	EWB) b) disclosing	n my personal infor	mation to a third na	arty authorised by			
·		· · · · · · · · · · · · · · · · · · ·	the Unive	rsity, to enable the	third party to contaction about the Univ	ct me for the purpose			
I acknowledge that La Trobe University reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. I am aware of the conditions relating to my admission and agree to pay all fees for which I am liable, and have read and agree to the conditions relating to the Refund Policy and Privacy Statement on the University's website at Olatrobe.edu.au/international/fees/fution		I accept that thi property of La T	I accept that this application and supporting documentation become the property of La Trobe University and are not returnable.						
		efund Giving false or r	Giving false or misleading information is a serious offence under the Criminal Code Act 1995 (Australia).						
This agreement does not consumer protection law		ght to take further action under Austral	ia's Signature			Date			
Contact details									
La Trobe International La Trobe University	Telephone Facsimile	(+61 3) 9479 1199 (+61 3) 9479 3660	LTI office us	LTI office use only: Applicant's original documents sighted					
Victoria 3086	Email	nternational@latrobe.edu.au	Signature	Signature Date Date					
AUSTRALIA	Web	latrobe.edu.au/international	La Trobe Univer			Commonwealth Register of COS). CRICOS Provider: 00115M			