

DOMESTIC STUDENT APPLICATION FORM



Please Note: To avoid delays in processing your application, complete ALL the details including your email address. LEA will contact you after processing your application. For more information refer to LEA website [Home | LEA \(lincolnaustralia.nsw.edu.au\)](http://lincolnaustralia.nsw.edu.au)

PERSONAL DETAILS

Title: <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms/ <input type="checkbox"/> Miss/ <input type="checkbox"/> Mrs/ <input type="checkbox"/> Other:	Date of birth:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
(as shown on passport)		dd	mm	yyyy	
Family Name:	Given Names:				
Country of Birth:	Citizenship:				
Address/contact details					
Current Address:					
Suburb:	State:	Country:	Postcode:		
Mobile Phone:	Telephone number:				
Email address:					
Are you of <input type="checkbox"/> Aboriginal origin <input type="checkbox"/> Torres Strait Island Origin					

COURSE SELECTION

- Bachelor of Business and Information Systems Master of Business and Information Systems

INTAKE DATE

- Semester 1 Semester 2 Year:

MODE OF STUDY

- Full time

ENGLISH LANGUAGE PROFICIENCY

Have you completed any secondary or tertiary studies with English as the medium of instruction?

- Yes No

Please refer to the LEA website for further information.

EDUCATION BACKGROUND

Institution/School	Name of Qualification	Location	Year Completed



WORK EXPERIENCE

Employer	Location	Year employed	Position

RECOGNITION OF PRIOR LEARNING

Do you wish to apply for Recognition of Prior Learning? Yes No

If you have studied or are currently studying at another academic institution, you may be eligible for Credit / Recognition of Prior Learning towards your degree at LEA. Please refer to the LEA website for further information, including Recognition of Prior Learning Policy and Flowchart.

SUPPORT SERVICES

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

No Yes Hearing Vision Learning Mobility Medical Other:

CHECKLIST

I have:

- Completed all sections of the application form
- Attached certified copy of proof of citizenship/residency (passport, visa, birth certificate, citizenship certificate)
- Attached certified copies of academic transcript(s) and certificate(s) translated into English (if applicable)
- Read and signed the student declaration

I declare that the information provided in this application form is true and correct, and the academic records provided are a true record of my academic results.

PRIVACY STATEMENT:

LEA is subject to the NSW Privacy and Personal Information Protection Act 1998 (PPIPA) and Health Records and Information Privacy Act 2002 (HRIPA). LEA collects your information on this application form for the primary purpose of meeting its obligations under the Education Services for Overseas Students Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (National Code) and purposes of administering student and prospective student admissions and enrolment.

The information you provide in your application is recorded on LEA's database and may be disclosed to the following types of organisations:

- Government departments (such as the Department of Home Affairs and the Department of Education, Employment and Workplace Relations) and agencies involved in administering the ESOS legislation.
- External organisations (such as other tertiary education institutions) where disclosure is necessary to verify your previous qualifications and other supporting documentation provided with your application.
- LEA-owned entities.
- Where required by law.

You are able to gain access to any personal information and health information that LEA holds about you, subject to any exceptions in relevant legislation.

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For further information please consult LEA Privacy Policy at LEA website [LEA Policy Library](#).

1. I have read and understood the privacy statement above.
2. I declare that the information provided in this application form is true, correct and complete, and the academic records provided are a true record of my academic results
3. I authorise the Lincoln Education Australia to obtain enrolment and academic information from any of my previous or current education providers
4. I understand that the Lincoln Education Australia may vary or reverse any decision regarding admission or enrolment based on incorrect, incomplete or fraudulent information provided by me.
5. It is an offence to submit fraudulent documentation in support of my application. If fraudulent documentation is detected:
 - my application will be rejected.
 - if an offer has been made, it will be withdrawn; and
 - other relevant authorities (such as the NSW Police and the Independent Commission Against Corruption) may also be notified
6. I understand that all documents I submit with my application become the property of LEA and will not be returned.
7. I confirm that I have read and fully understand the requirements of the course as outlined on the LEA website [Home | LEA \(lincolnaustralia.nsw.edu.au\)](#)
8. I will notify LEA immediately if there is any change to the information I have given in this application.
9. I have read the Student Handbook and other relevant information and understood the structure, content and modes of study of the course I am applying for in this application.
10. Should I be found ineligible for admission to the nominated course/s on this application, I authorise LEA to assess my eligibility for a suitable alternative course/s or pathway course.
11. I have accessed information regarding the costs related to studying at LEA website [LEA Policy Library](#).

Name:

Signature:

Date:

Applicants must personally complete the declaration above.

Third parties are not permitted to agree on the applicant's behalf.

Please return form to:

Lincoln Education Australia
Head Office
144A Marsden Road
Ermington 2115
NSW
AUSTRALIA

Study Campus
Level 2, 191 Thomas Street,
Sydney,
NSW – 2000
AUSTRALIA

Email: admissions@lincolnaustralia.nsw.edu.au