

		o complete)								
Have you previously studied at the Crown Institute of Higher Education (CIHE)? No Yes Student ID number:										
		te of birth: /mm/yyyy)				Gender:	Male	Female	Other	
Given Names:			Family Name:							
Country of Birth: Citizensh			ship:							
Current Address:										
Suburb:		State:			Count	ry:			Postcode):
Mobile Number:				Email add	dress:					
Are you of:	Aboriginal Origin Torres Strait Island Origin Both Aboriginal and Torres Strait Island Origin None of the above									
Please tick if applicable:										

COURSE SELECTION

Bachelor of Accounting

Bachelor of Entrepreneurship and Innovation

PERSONAL DETAILS (Student to Complete)

Bachelor of Information Technology

Diploma of Accounting

Diploma of Entrepreneurship and Innovation

Diploma of Information Technology

Undergraduate Certificate in Accounting

Undergraduate Certificate in Entrepreneurship and Innovation

Undergraduate Certificate in Information Technology

INTAKE DATE

March (Semester 1)

July (Semester 2)

November (Summer Session)

Year:

MODE OF STUDY

Full time

Part time

This form is only for use by School-leavers who are completing an Australian Year 11 and Australian Year 12 qualification, applying direct to the Crown Institute of Higher Education (CIHE). Form must be submitted by the application deadline



ACADEMIC INFORMATION (School/College/Institution to Complete)

Applicant Name:__

The results on this page must be completed by the applicant's academic institution. The information provided will be used to calculate a CIHE Selection Rank and must therefore be provided in one of the formats shown on the explanatory page. The applicant name must be provided on each page of this form. If additional lines are required, please continue on page 3. Both pages must be signed.

Subject	Unit 1 or 2/Standard Level or Higher Level (if applicable)	Semester 1 OR Overall Result	Semester 2 Result	ATAR Contributing Subject Y/N?

Results should be provided by Semester if the course is one Semester duration or yearly for courses that are for the duration of Year 11. If yearly, enter the result in the Semester column only

Is the student on track for an ATAR, Y/N?

I declare that the information provided herein is a true and accurate record of the named applicant's study at the named institution. I agree to be contacted if required to verify or clarify information provided

I confirm I am an employed member of the institution with authority to provide this information.

I understand that the named applicant has previously authorised Crown Institute of Higher Education to take steps to progress the assessment of an application. That is, for the purposes of collecting and verifying (including clarifying) information used to support an application for admission to CIHE. I agree to disclose this information to CIHE to be used for admissions purposes.

Position Title:				
ontact Number:				

Staff Email address:_____



EXPLANATORY NOTES

The results in this form must be completed by the applicant's academic institution. The information provided will be used to calculate an CIHE Selection Rank and must therefore be provided in one of the formats shown on the explanatory page. The applicant's name must be provided on each page of this form.

5	А	A+,A-	80-100%	EA	VHA	VH to O
4	В	B+,B-	70-79%	HA	HA	Н
3	С	C+,C-	60-69%	CA	SA	М
2	D	D+,D-	50-59%	SA	LA	L
1	E	E+,E-	0-49%	PA	VLA	VL

NB: A grading scale of 1-7 is accepted for international Baccalaureate students only.

Applicant Name:__

If additional lines are required, please continue on this page:

Subject	Unit 1 or 2/Standard Level or Higher Level (if applicable)	Semester 1 OR Overall Result	Semester 2 Result	ATAR Contributing Subject Y/N?
Staff Name:	Position Title:			
Staff Signature:	Contact Numbe	er:		
Staff Email address:				



SUPPORTING DOCUMENTS

Document in up to 300 words:

- the challenges you have faced during your education
- How you have overcome these challenges
- Your learning strengths



CREDIT FOR PRIOR LEARNING

If you are currently studying or have previously studied at another academic institution you may be eligible to apply for credit towards your degree at CIHE.

For more information, please refer to the Credit for Prior Learning Policy at www.cihe.edu.au/policies-1

Do you wish to apply for credit for prior learning? Yes No

SUPPORT SERVICES

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

🗆 No 🛛 o Yes

Please indicate the nature of the disability, impairment or condition:

□ Vision □ Mobility □ Other:

If you wish to apply for reasonable adjustment upon commencing your studies at CIHE, please refer to the Student Assessment Policy and Procedure at www.cihe.edu.au/policies-1

APPLICATION CHECKLIST

Before submitting this application, I have:

Completed all sections of this application form

Attached certified copies of proof of citizenship/residency. This may include copies of your passport, birth certificate, visa, or citizenship certificate.

Attached certified copies of applicable academic transcripts and certificates. These must be translated into English if applicable.

STUDENT DECLARATION

- I declare that the information provided in this application is true and correct, and the academic records provided are a true record of my academic results.
- I authorise Crown Institute of Higher Education to obtain enrolment and academic information from any of my previous or current education providers.
- I understand that Crown Institute of Higher Education may vary or reverse any decision regarding admission or enrolment based on incorrect, incomplete, or fraudulent information provided by me.
- I understand that all documents I submit with my application become the property of CIHE and will not be returned.
- I confirm that I have read and fully understand the requirements of the course as outlined on the CIHE website (www.cihe.edu.au).
- I will notify CIHE immediately if there is any change to the information I have provided in this application.

Name:

Signature:

Date: