



CROWN INSTITUTE  
OF HIGHER EDUCATION

# DOMESTIC STUDENT APPLICATION FORM

## PERSONAL DETAILS

Have you previously studied at the Crown Institute of Higher Education (CIHE)?    No    Yes    Student ID number:

Title: Mr/ Ms / Miss/ Mrs / Other:	Date of birth: (dd/mm/yyyy)	Gender:    Male    Female    Other
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First Name:	Last name:	
Nationality:	Birthplace:	
Are you:    Australian Citizen    Permanent Resident    Other (Please specify) :		
Current Address:		
Suburb:	State:	Postcode:
Telephone number:	Email address:	
Are you of:    Aboriginal Origin    Both Aboriginal and Torres Strait Island Origin Torres Strait Island Origin    None of the above		
USI Number:		

Please select the course that you are applying for:

## COURSE SELECTION

## INTAKE DATE

March (Semester 1)    July (Semester 2)    November (Summer Session)    Year:

## MODE OF STUDY

Full time    Part time

## ENGLISH LANGUAGE PROFICIENCY

Have you completed any secondary or tertiary studies in English?    Yes    No

If no, please provide an explanation and evidence of how it is you meet the level of English proficiency required (please refer to the Domestic Students Admission Information Sheet):

Crown Institute of Higher Education Pty Ltd  
ABN 22 611 573 301 TEQSA Provider ID: PRV 14301 CRICOS Provider No: 03744B  
116 Pacific Highway, North Sydney, 2060 P 9955 0488 F 9955 3888



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## TERTIARY COLLECTION OF STUDENT INFORMATION (TCSI)

Year of arrival in Australia

The highest level of education of your parents?

Parent 1:

Parent 2:

The highest level of attended and completed:

Year 9

Year 10

Year 11

Year 12

Other(Please specify)

Employment status:

Full-time

Part-time

Casual

Unemployed

Self-employed

Other(Please specify)

Is English your first language?

Yes

No

If answered No - what is your first language?:

## EDUCATIONAL BACKGROUND

Institution/School	Name of Qualification	Location	Year completed
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## WORK EXPERIENCE

Employer	Location	Years Employed	Position
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## 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](http://www.cihe.edu.au/policies-1)

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

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## DISABILITY INFORMATION

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

No  Yes

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

Hearing  Learning  Medical

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](http://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.

Read the Student Selection and Admissions Policy and Procedure, available at <https://www.cihe.edu.au/policies-1>

Read and signed the student declaration

## 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](http://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:

**Please return this application form, along with supporting documentation, to:**

**Crown Institute of Higher Education  
116 Pacific Highway  
North Sydney, NSW, 2060**

**Or via email, to:** [admissions@cihe.edu.au](mailto:admissions@cihe.edu.au)

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