



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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Given Names:		Family Name:	
Country of Birth:		Citizenship:	
Current Address:			
Suburb:	State:	Country:	Postcode:
Telephone number:		Email address:	
Are you of:	Aboriginal Origin Torres Strait Island Origin Both Aboriginal and Torres Strait Island Origin None of the above		

COURSE SELECTION

- Bachelor of Accounting
- Bachelor of Entrepreneurship and Innovation
- 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

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):



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EDUCATIONAL BACKGROUND

Institution/School	Name of Qualification	Location	Year completed

WORK EXPERIENCE

Employer	Location	Years Employed	Position

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 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



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INTERNATIONAL STUDENT APPLICATION FORM

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).
- 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