



## DOMESTIC STUDENT APPLICATION FORM

### Please Note:

The trading name for the Lincoln Institute of Higher Education (LIHE) is Lincoln Education Australia (LEA). 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 \(lincolnau.nsw.edu.au\)](http://Home | LEA (lincolnau.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:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Country of Birth:		Citizenship:		
<b>Address/contact details</b>					
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					

### AUTHORISED AGENT DETAILS (IF APPLICABLE)

Agency Name:	Contact Person:
Email:	Telephone Number:

### COURSE SELECTION

- |  |  |
|--|--|
| <input type="checkbox"/> Bachelor of Business and Information Systems<br>CRICOS Course Code: 112283H | <input type="checkbox"/> Master of Business and Information Systems<br>CRICOS Course Code: 112284G |
|--|--|

### INTAKE DATE

- March  July Year: \_\_\_\_\_

### MODE OF STUDY

- Full time

### ENGLISH LANGUAGE PROFICIENCY

Have you completed Australian Higher Secondary Certificate of Education?

- Yes  No



# LINCOLN INSTITUTE OF HIGHER EDUCATION

If No: A Unit 3-4 sequence in English with a study score of at least 30 in Units 3 & 4 English as an Additional Language (EAL) or at least 25 in Units 3 & 4 English, Literature or English Language

Please refer to the [Australian students entry requirements](#) 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 [Credit Transfer](#) for further information, including [Recognition of Prior Learning Policy](#) and [Recognition of Prior Learning Flowchart](#).

Are you applying for Recognition of Prior Learning?

If yes, please fill [RPL \(Recognition of Prior Learning\) Application Form](#) and attach all required credit application documents as in the Application form.

## SUPPORT SERVICES

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

No  Yes

If yes, what is the type of impairment that may affect your studies?

Hearing  Vision  Learning  Mobility  Medical  Other:



## CHECKLIST

I have:

- Completed all sections of the application form
- Attached certified copy of proof of identity/citizenship/residency (driver's license, passport)
- Attached certified copies of academic transcript(s) and certificate(s) translated into English (if applicable)
- Read and signed the student declaration
  
- Attached any other forms and associated certified documents requested in this application form
- Paid the application fee.

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.

For further information please consult [Privacy Policy](#).

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 [Entry Requirements Domestic Students](#) or the course as outlined on the LEA website.
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 [Fees and Charges](#).

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  
Level 2, 191 Thomas Street,  
Sydney  
NSW 2000  
AUSTRALIA

**Email:** [admissions@lincolnau.nsw.edu.au](mailto:admissions@lincolnau.nsw.edu.au)

## AGENT INFORMATION (IF APPLICABLE)

Agent Name:

Branch/Country:

Email Address:

Phone Number:

Agent Declaration:

I have a good understanding of the university's admissions requirements and procedures; I have assessed the applicant accordingly.

- I have made every effort to verify the authenticity and validity of the documents I am submitting on behalf of the applicant that support this application.
- I have taken care to verify and provide accurate personal information pertaining to the applicant.
- I confirm the applicant has agreed to submit this application via our office. The applicant has signed the application form.
- I declared I will forward all correspondence as applicable to this application to the applicant. I understand, at times, the university will contact the applicant directly.
- I understand if the applicant submits an application via another agent, I will not be notified by the university. It will be the responsibility of the student to notify me of their change of agent. The University has the right to accept the students change of agent request without my knowledge and can withdraw this application.



**Name of the Admissions Officer:**

**Signature and Date:**

The University only accepts paper-based application forms under certain circumstances. Please complete your personal information and submit your application via the University's online application system.