LA TROBE UNIVERSITY

INTERNATIONAL GTE APPLICANT ASSESSMENT FORM

Read this declaration carefully. This form has to be filled by the **APPLICANT** and verified by the agent**.** This form is to support the outcome of your Genuine Temporary Entrant ("GTE") assessment conducted in an interview by the University and to ensure that you understand and confirm various areas discussed to support your application to study at La Trobe University. Please complete all relevant sections of this form and ensure that supporting evidence are attached where applicable. Write in BLOCK LETTERS using a black or blue pen. **TICK** where applicable. Name of applicant should be written exactly as it appears on Passport. Digital Signatures are not accepted. You might need to provide additional documents and the University reserves the right to issue the Confirmation of Enrolment ("CoE") only upon successful completion of the GTE assessment.

APPLICANT DETAILS

Given Name/s

Family Name

Date of Birth d d / m m / y y

Student ID

Course Name

Course Duration

Country of Citizenship

Course Campus:

APPLICANT'S STUDY PLAN

1) What are your reasons for choosing the course specified in the application?

2) Why have you chosen La Trobe among all the other providers in Australia or overseas?

3) Is the course related to your previous education? How will it satisfy your career aspirations?

4) What do you like about the course structure? What are the subjects you are intending to study in the course specified in the application?

5) Which campus have you applied to study at and why do you intend to study at this campus?

6) What suburbs are you considering living in for the duration of your studies? How much time will it take to travel from these locations to your chosen Latrobe Campus?

7) Why have you chosen to study in Victoria?

8) Have you read the La Trobe Prospectus and researched the La Trobe International Website? ○ Yes ○ No

9) Do you have gap in education which is more than 6 months? If yes, please explain the purpose of the gap. ○ Yes ○ No

_____
_____
_____
_____
_____

10) Do you have relatives living in Australia? ○ Yes ○ No

If yes please provide details (Please use an extra sheet if required)

Name	City / State	Relationship	Occupation

APPLICANT DECLARATION

- ☐ I understand the costs related to my intended course at La Trobe i.e. Tuition Fees, Living Expenses etc.
- ☐ I am aware that the tuition fees are subject to change and I would adhere to the change. *Refer:* **Tuition fee arrangements.** http://www.latrobe.edu.au/international/fees-and-scholarships/tuition-fees
- ☐ I declare that I have sufficient funds to support my education and the relevant expenses for the full duration of my studies at La Trobe University.
- ☐ I declare that I am not dependent on part time work to support my expenses while in Australia.
- ☐ I declare that my partner/spouse is accompanying me to Australia and he/she is not dependent on working in Australia to take care of the tuition fees and living expenses.
- ☐ I am aware that the university will not waive the tuition fees or assist with the study expense and cost of living if I am unable to fund my stay in Australia. I am also aware that the university reserves the right to cancel my enrolment due to non-payment of tuition fees.
- ☐ I am fully aware about the visa conditions and my roles and responsibilities on a Subclass 500. http://www.border.gov.au/Trav/Visa-1/500-
- ☐ I fully understand and accept the course that I have chosen to study at La Trobe University
- ☐ I have full awareness on the course and information pertaining to the course structure, delivery, cost, and location.
- ☐ The course that I have selected to study at La Trobe is fully aligned to my career aspirations.
- ☐ I have made the decision to study the _____ at La Trobe University. I have full awareness and information on the campus location of my intended course at La Trobe University, this includes the distance and the travel requirements from my intended accommodation. .
- ☐ I understand that the university reserves the right to refuse a transfer request to another institution within the first six months of my principle course.
- ☐ I declare that I have submitted all genuine documents to the university.
- ☐ I understand that the visa will be cancelled or rejected if I do not meet the health and character checks.

By signing this I declare that all information is true and correct to the best of my knowledge.

Applicant/Parent or Legal Guardian (for applicant under 18 years old)

Name: _____ Signature: _____

Date

d d / m m / y y

AGENT DECLARATION (if applicable)

I confirm that this "International GTE Applicant Assessment Form" contains the correct information and has been signed by the student in my presence.

Agency name or LTU/packaging partner name and address

Agency Staff member name

Agency Staff member signature or LTU/packaging partner signature

Date

d d / m m / y y