



INTERNATIONAL APPLICATION FORM

The below application form should be completed for entry into a higher education program at the Academy of Music and Performing Arts (AMPA).

PERSONAL INFORMATION

Given Name:	
Family Name:	
Mobile:	Date of Birth:
Email:	

CITIZENSHIP/VISA DETAILS

Citizenship:	Country of Birth:
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CURRENT ADDRESS

Street Address:	
City/Town:	State:
Post Code:	Country:

COURSE DETAILS

Please select the course you wish to apply for:

UNDERGRADUATE PROGRAMS

POSTGRADUATE PROGRAMS

Please select your major study area:

When would you like to commence studies? Please refer to the AMPA Schedule of Dates to check intake periods.

EDUCATIONAL ATTAINMENT

Please list any qualifications you have completed or are expecting to complete:

Qualification:	Completion Date:
Institution Name:	
Qualification:	Completion Date:
Institution Name:	
Qualification:	Completion Date:
Institution Name:	
Qualification:	Completion Date:
Institution Name:	

EMERGENCY CONTACT

Given Name:	Family Name:
Relationship to You:	Phone Number:

DISABILITY

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

If yes, please describe the condition and any support services that may assist you:

SUPPORTING DOCUMENTS

You must include at least one item from each section, per applicant:

<p>Section One</p> <ul style="list-style-type: none"> - Passport - Driver Licence 	<p>Section Two</p> <ul style="list-style-type: none"> - Recent school report / formative assessments - Transcript of completed awards - Results of English Assessment (IELTS, TOEFL, CEFT, etc.)
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DECLARATION

For admission into an AMPA program, you are required to meet specific entry conditions in accordance with AMPA's admissions policies. By signing this form, you declare that you have read the AMPA admissions policies, fee schedule and refund policy on the AMPA website.

By signing this application form you declare that all information contained in this application is true and correct. You agree that any information provided can be used by AMPA for administrative, regulatory and/or educational purposes. You also agree that the AMPA may use this information to contact you about your application, or other offerings that it believes may be of interest to you.

Name:	
Signature:	Date:

If you are under 18, please include a signature from your parent/guardian below:

<i>Name:</i>	
<i>Signature:</i>	<i>Date:</i>