



Please attach **one**
passport size
photograph
here

APPLICATION for ADMISSION
AUDIT STUDENTS ONLY

To apply for admission please complete this application form, include any attachments and one (1) passport sized photograph and return to:

The Registrar, St Andrew's Greek Orthodox Theological College
242 Cleveland Street, Redfern NSW 2016

Audit students may apply to undertake discrete course units for the purpose of personal enrichment. The number of course units available to audit students may vary at any given time and this matter should be discussed with the Registrar. Furthermore, audit students given permission to undertake summer and winter intensive course units may receive a St Andrew's Theological College Certificate of Participation after satisfactorily participating in four foundational course units as prescribed by St Andrew's.

Personal Details

Title: _____ First Name: _____

Family Name: _____

Other Names: _____

Marital Status:

Married* Single Other: _____

*Previous Family name: _____

Date of Birth: _____ / _____ / _____
day month year

Gender: Female Male

Home phone: _____

Work phone: _____

Mobile: _____

Fax: (H) _____ (W) _____

Email: _____

Permanent Home Address: _____

Postcode: _____

Postal Address (if different from above): _____

Postcode: _____

Personal Details (continued)

Citizenship: _____

Please provide a copy of your Driver's License along with a copy of either your Birth Certificate or Passport.

Do you speak a language other than English at home?

No Yes

If Yes, which language? _____

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

No Yes

If Yes, please indicate.

Hearing Learning Mobility
 Vision Medical
 Other _____

English Proficiency

Is English your first language? No Yes

(If English is not your first language, you may be required to complete an IELTS test)

Name of English Language Test Completed (if applicable): _____

Test Date: _____ Test Score: _____

Please include a copy of the Test Results.

Financial Information

Tuition fees are required at the beginning of each intensive school or during the first week of the semester.

How do you intend to pay for your study?

Cash / Cheque

Credit Card (MasterCard or VISA accepted)

Are you a Pensioner? No Yes

If Yes, please supply evidence for administration purposes.

Next of Kin

Name of Next of Kin: _____

Home phone: _____

Work phone: _____

Mobile: _____

Marketing Information

How did you discover St Andrew's Theological College?

Your Parish Priest or Spiritual Father

VEMA Newspaper

VOICE OF ORTHODOXY Periodical

College Website

Google / Other Search Engine

Current or Past Student / Staff Member

Other (please explain): _____

Withdrawal and Refund

Students enrolled as auditors may withdraw from a unit at any time but must pay a pro rata fee in accordance with the amount of participation they have experienced in the unit. As an example, if an audit student has participated in half of any given unit then 50% of the auditor's fee will be kept by St Andrew's Greek Orthodox Theological College.

I understand and accept the Withdrawal and Refund arrangements of St Andrew's Greek Orthodox Theological College.

Signature: _____ Date: ____/____/____

Privacy Legislation

The Sydney College of Divinity (SCD) and its Member Institutions require the information requested of you in this form in order to provide you with education services and to cater for particular student's needs. If you do not provide all the relevant information, we may not be able to provide such services and to assess your academic progress.

Please also note that the SCD and its Member Institutions may provide your personal information and sensitive information to third parties (e.g. educational institutions such as universities, colleges and accreditation bodies, as well as Australian government bodies such as DEST, CentreLink and the Department of Immigration) in order to provide you with education services and assess your academic progress or suitability.

You can request access to your health and personal information by contacting the Privacy Officer / Registrar.

I understand and accept the privacy legislation.

Signature: _____ Date: ____/____/____

Declaration

I wish to be considered for entry into the unit that I have nominated. I declare that the information that I have provided herein is true and accurate to the best of my knowledge.

Signature: _____ Date: ____/____/____
