APPLICATION FORM POSTGRADUATE PROGRAM





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ersonal information				
Have you previously applied for a place or been enrolled in a progra Yes Student ID	am at RMIT?			
Please fill in your family name, middle name(s) and given name as stated in your ID card/passport	■ Date of birth (dd/mm/yyyy)			
Family name				
Middle name(s)	■ Gender			
Given name	☐ Male ☐ Female ☐ Other			
Nationality				
☐ Vietnamese - Ethnic	Other (please specify)			
ontact information				
Permanent home address	■ Postal adress			
House number and street name	House number and street name			
<u></u>				
Ward	Ward			
District or town	District or town Province or city			
FIOVINGE OF City —	Province of City			
Personal contact details	•			
Mobile	Occupation			
Home phone	Company			
Email				
Family contact details				
I agree for RMIT to contact the below nominee:	☐ In an emergency ☐ Release of study progress			
Contact's full name	Occupation			
Contact's full name	Occupation			
	Occupation			
Relationship	Email			
Relationship	Emailsen (tick ONE box only)			
Relationship Mobile In case of emergency, please specify which hospital should be cho	Emailsen (tick ONE box only)			
Relationship Mobile In case of emergency, please specify which hospital should be cho Hospital designated by campus medical clinic Student preference (please indicate campus medical clinic	Emailsen (tick ONE box only)			
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Reason_

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Test date English for University ☐ English for University		Result			
Level		Jniversity	☐ IELTS Test Preparation Commencement date		
Registration for post	graduate progran	n			
■ Program			■ Campus		■ Semester
☐ Master of Business Ad	dministration		Saigon Sou	ıth	☐ Feb 20
☐ Master of Internationa			☐ Hanoi City		☐ Jun 20
☐ Master of Global Trad	le				☐ Oct 20
Special offer					
Family discount (5%)*		☐ Alumni discount (10%) for RMIT Vietnam or any Australian universit			
Family member's student ID *Applicant must provide notarised copy of birth certificate/marriage certificate.		Program completed Campus			
Fixed fee (applicant will ha		_	Campus		
Equitable Learning s	•	,			
	d to providing an acces	• • •	learning environment	for all students. If you	ı have special requirements
Hearing	☐ Mobility	Jvv.	☐ Medical	Learning	
	*			J	
☐ Vision	☐ Other (please	e specify) ————			
Applicant declaration	n				
Please read and sign th	ne following declaration	n. This application is n	ot valid unless signed	and dated.	
•	•	• •	· ·		on is correct and complete. I
	mmediately of any chang			0	·
I understand that the i	y offer or enrolment by the release form allows inform		ersonal details and inform	mation about my acade	emic and financial records, to
be released.					
 This permission is gra been made. 	inted provided the Unive	rsity releases informatio	n only for the reason(s)	nominated and only aft	er proper identification has
been made.	IT Vietnam may be requir	•	,	,	•
been made. I understand that RMI within Vietnam and Au	IT Vietnam may be requinustralia. IT Vietnam reserves the r	red to release information	on about my status as a	student to other bodie	s as part of its legal requirem
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