

Associate Degree of Finance – Enrolment Application

Please note that the lodgement of this enrolment application form does not guarantee a letter of offer, priority or acceptance into the course.

Associate Degree of Finance

Commencing: 2014

2015

2016

Enrolment application

Between

Mr Ms Family Name: _____ Middle Name: _____ First Name: _____

Address: _____

City: _____ Post code: _____ Country: _____

Email: _____ Mobile (+Country Code): + _____

Date of birth (dd/mm/yy): _____ Nationality: _____

Education

Secondary Studies (e.g. Year 12) (last two academic institutions only). Dates attended, highest level received.

| Name of school | Year completed | Highest level | Country |
|----------------|----------------|---------------|---------|
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Post Secondary qualification (e.g. Diploma/Degree/Post Graduate)

| Name of institution | Year completed | Qualification | Country |
|---------------------|----------------|---------------|---------|
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Professional Designations (e.g. CA/CPA/BAS Agent)

| Name of Association | Year completed | Qualification | Country |
|---------------------|----------------|---------------|---------|
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Declaration and application checklist (Ensure the following are attached at the time of submission)

I hereby attach the following documents:

- Academic transcripts (certified copies to be provided)
- Course completion letter or copy of relevant certificate (certified copies to be provided)
- Proof of Work Experience (CV if applicable)
- Direct Mature Age applicant supplementary information (please attach your 400 word essay - Why you want a career in Investment Banking?)

Email Application and supporting documents to enrol@ibibs.edu.au

Fees

The fee payable for this course or unit of study or unit of study is set out in the IBIBS Fee Schedule (visit www.ibibs.edu.au/feeschedule).

(please tick box) I declare that I have applied for an IBIBS Scholarship.

Declaration Agreement

1. I declare that the information submitted with this enrolment application is complete and true. I acknowledge that failure to disclose my academic records may result the Institute revoking any offer.
2. I authorise the Institute to verify my academic transcripts and professional qualifications, and work experience.
3. I understand that at the time of formal enrolment I will be required to supply originals of all documents provided at the time of this application.
4. I confirm that I have received and read the IBIBS Pre-enrolment Student Information Pack that includes course information, student support services, fees and charges and all relevant ibibs policies and procedures (www.ibibs.edu.au/pre-enrolmentpack)
5. Australian Law states that applicants under 18 years of age must have signed consent from a Guardian or Parent. Please ensure all applications for students under the age of 18 are countersigned by Guardian or Parent.

Applicant's signature: _____ Date: _____

Applicant's full name (please print): _____

Signature of (Guardian): _____ Date: _____
if applicant is under 18 years of age

(Guardian's full name) (please print): _____