AUSTRALIAN STUDY LINK INSTITUTE
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CRICOS No: 03483G I RTO No : 40794

Potential Student Detail Form

Student Full Name:
Gender: ☐ Male ☐ Female ☐ Other Date of Birth:
Preferred Course:
Preferred Intake:
Nationality: Passport Number/ ID Number
Visa Subclass: Visa Expiry Date:
Address:
State: Post Code:
Mobile: Email:
Current Course:
Current Institution:
Current Term:
IELTS/TOEFL/PTE Score:
How did You Hear About Us:
☐ I declare that the information provided is true and correct. I understand that providing false information may affect my application.
Student Signature_____ **Date:** _____

For Official Use:

Any Proposed Enrolment: Yes / No If Yes

Course Name: _____ Proposed Start Date: _____

Notes:

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