



AUSTRALIAN STUDY LINK INSTITUTE

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CRICOS No: 03483G | RTO No : 40794

Potential Student Detail Form

Student Full Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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:		
<input type="checkbox"/> 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:
