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Australian School of Commerce

Potential Student Detail Form

Student Name:		
Date of Birth:		
Preferred Course:		
Preferred Intake		
Nationality:	Passport Number	
Visa Subclass:	Visa Expiry Date:	
Contact Address:		
Phone:	Mobile:	
Email:		
Current Course:		
Current Institution:		
Current Term:		
	Student Signature	
Office Use:		
Any Proposed Enrolment: Yes / No		
If Yes		
Course Name:		
Proposed Start Date:		