

Application for Readmission Students seeking readmission to the SAME course

30110023						
SECTION A: Student Details						
Family Name		Student Number				
Given Name						
Address						
Email		Date of Birth				
Primary Phone		Visa Expiry Date				
SECTION B: Course Details						
Course Name						
Course Code		Start Date				
Intented commencement intake date. Refer to closing dates for each term and course availability in the handbook before selecting.						
Start Date						
Please state your reasons for seeki	ng readmission.					
SECTION C: Notes						
 A student who is under exclusion from a course may not apply forr eadmission to that course during the period of exclusion. At the completion of the period of exclusion, a student is eligible to apply for readmission to that course, under conditions determined by the College. A student who has been excluded, should include in their statement reasons why they now believe they should be readmitted. A student who has been expelled from ELSIS may not apply forreadmission. Successful applicants will be readmitted to their previous course, unless the course has been restructured, in which case the College will recommend the most appropriate course of entry. 						
SECTION D: Declaration	uy.					
(You must sign this declaration otherwise your application will be returned to you) I agree to obey the by-laws and rules of ELSIS. I declare that to the best of my knowledge the information supplied herein is correct and complete. I acknowledge that the submission of incorrect or incomplete information may result in a cancellation of enrolment at any stage. I recognise that it is my responsibility to provide all necessary documentary evidence of my qualifications, studies and experience and hereby authorise the College to obtain further information where necessary. (Students are required to note that the College reserves the right to collect, store and disclose information concerning any acts of record falsification or other irregular acts in relation to a student.) I hereby also give written consent to the College to provide details of my enrolment to DHA or other government agencies.						
SECTION E: Checklist						
Completed ALL sections of Applicat	tion Form Signed the Declaration					
Student Signature		Date				

Submit your application

POSTAL ADDRESS The English Language School in Sydney, Level 1, 160 Sussex St, Sydney 2000 NSW AUSTRALIA STREET ADDRESS

EMAIL

The English Language School in Sydney Level 1, 160 Sussex St, Sydney 2000 NSW AUSTRALIA

info@elsis.edu.au

Admissions/College DECISION

Application approved (please tick). Conditions of offer (if any)

Application Refused (please tick). Reason(s)(included in letter_

Signature of assessor Date