



P. O. BOX 290 , LEICHHARDT NSW 2040  
AUSTRALIA

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### STATEMENT OF PURPOSE

(write details about you and why do you want to apply/extend/renew your student visa)





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PERSONAL DETAILS

Name: Middle Name: Last Name:  
Date of Birth: dd/mm/yy Marital Status: Gender: M/F  
Email Address:  
Contact Number:

CURRENT ADDRESS

House/Unit No.: Street Name: Suburb/ City: Province/State:  
Country: Post code:

HOME COUNTRY ADDRESS (Write "AS ABOVE" if same)

House/Unit No.: Street Name: Suburb/ City: Province/State:  
Country: Post code:

PASSPORT DETAILS

Passport Number:  
Date of Issue:  
Expiry Date:  
Issuing Authority:  
Country:

ADDRESS IN AUSTRALIA (if known)

House/Unit No.: Street Name: Suburb/City:  
Province/State:  
Post code:

EMERGENCY CONTACT DETAILS

Name: Relationship to you:  
Address:  
Contact Number:  
Email Address:



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MEDICAL INFORMATION

Known Medical Conditions:

Known Allergies:

Current Medications:

ENGLISH EXAM

Do you have English Proficiency exam? Y / N

If Yes, Name of exam:

Date of exam:

Total Score:

APPLICATION TO APPY

Student

Dependent

Guardian

COURSE INFORMATION

Intent Course to Apply: Vocational  Bachelor Degree  Master Degree  PhD

Name of Course 1:

Name of Course 2:

Name of Course 3:

VISA HISTORY

Has the applicant, guardian or dependents has ever been applied and refused a visa to any country? Y / N (if yes)

Country:

LIST of Country Visited	Purpose	Departure Date dd/mm/yy	Arrival Date dd/mm/yy	Length of Stay
-				
-				
-				
-				
-				
-				



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EDUCATION HISTORY

Institution Name	Start Date	End Date	Course Name	Year Graduated
-				
-				
-				
-				

WORK HISTORY

Company Name	Start Date	End Date	Position	mo/yrs in service	Country
-					
-					
-					
-					
-					

FUNDS

Who will support your study expenses?

Relationship to you?

Do you have relatives in Australia? Y / N

Relationship to you?

Name:

Address:

Contact Details:

Email Address:

How did you find us?

- By signing this form, you accept, acknowledge and agree that all information provided is to the best of your knowledge, belief and true. Further supporting documents to supply are authentic and genuine.
- You read, understand carefully and agreed the terms and conditions from our website at <https://universalstudynetwork.com/terms-and-conditions>.

Student's Full Name:

Signature:

Date:

Witness Full Name:

Signature:

Date: