



**MONASH** University  
Information Technology

# **Professional Certificate in Information Technology**

## **Application Form**

# Faculty of Information Technology Professional Certificate in IT Application Information

The completed application and relevant attachments should be submitted to:

**Admissions  
Faculty of Information Technology  
Monash University  
PO Box 197  
Caulfield East  
Vic 3145**

## HOW TO COMPLETE THIS APPLICATION FORM

- Please print boldly using block letters
- Provide a detailed curriculum vitae of Information Technology industry related work experience and contact details for three (3) professional referees who can verify your industry experience.
- Enclose one set of supporting certified documents with this application. This application will not be processed unless full documentation is attached.
- This application is the property of the Faculty of Information Technology. Supporting documentation will NOT be returned.
- This application form is not to be used for admission into other postgraduate courses or PhD candidature.
- Payment of fees is not required with your application.

<b>(Office use only)</b>	<b>Student ID:</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	<b>Course Code:</b> _____
	<b>Professional Track:</b> _____

### PERSONAL DETAILS:

<b>Family Name:</b>	<b>Given Name (s):</b>
<b>Date of Birth:</b>	<b>Female:</b> <input type="checkbox"/> <b>Male:</b> <input type="checkbox"/>
<b>Postal Address:</b>	<b>Home Address:</b> <i>(if same as postal address do not complete)</i>
<b>Suburb:</b>	<b>Suburb:</b>
<b>State:</b> <b>Postcode:</b>	<b>State:</b> <b>Postcode:</b>
<b>Telephone:</b> ( ) <b>Facsimile:</b> ( )	<b>Telephone:</b> ( ) <b>Facsimile:</b> ( )
<b>Mobile:</b>	<b>Mobile:</b>
<b>Email:</b>	<b>Email:</b>

<b>Keyed:</b> /   /	<b>Logged:</b> /   /	<b>Signed:</b>
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**Australian or New Zealand citizens**  
(Please tick relevant student status)

Yes  If you were not previously a Monash student  
Please attach a copy of your passport, birth  
or citizenship certificate

Do you hold Australian permanent residency

Yes  Please attach a certified copy of an original  
document relating to your residency status

No  **Do not use this application**  
Please contact International Recruitment Services at:  
<http://www.monash.edu.au/study/international/>  
or, email: [study@monash.edu](mailto:study@monash.edu)

Have you previously applied for a course at Monash University (Clayton, Caulfield, Peninsula, Gippsland, Parkville or Berwick)?

No

Yes  → Monash ID number

## COURSE PREFERENCE

1. Please indicate your preferred mode of study - On Campus  or  
Off Campus via Distance Education

Course	Course Code	Campus	Full Time or Part Time	Commencing semester and year (dd/mm/yy)
Professional Certificate in IT	3315			

2. Please indicate your professional track preference: – (please tick)
- Business Information Systems  Graduate Diploma in Information Technology
- Applied Information Technology

### 3. Study Program

Students are required to complete four (4) foundation graduate units pertaining to their professional track preference and units that are offered by the Faculty of Information Technology: <http://www.infotech.monash.edu.au/courses/2009/>

It will be necessary to discuss your study program with the Course Co-ordinator before listing the units.

Unit Code	Unit Title	Teaching Location	Teaching Period	Class Type	Office Use Only	
					Unit Approved	NotApproved

**POST SECONDARY STUDIES** (Qualification/academic records)

Admission is ONLY available to people who have information technology experience but do not have a university degree. Applicants must have four (4) or more years of work experience in information technology, information systems or information management activities at or above either a project management or technical level.

All applicants must complete the following particulars regarding educational qualifications and previous work experience. In addition certified copies of your qualifications, other relevant information such as a full curriculum vitae must be included as an attachment to this application. This should clearly demonstrate how you meet the industry experience entry criterion.

Photocopies can be certified at your local post office, police station, by a pharmacist or other authorised person. A signature and official stamp are required. Photocopies of certified documentation will not be acceptable. You may also submit your original academic qualifications to the Faculty of Information Technology where they will be photocopied and returned on your request.

**Applications will only be considered when accompanied with all requested information.**

Qualification	Institution	Country/State	Date of Commencement	Date Completed
			/ / dd mm/yy	/ / dd mm/yy
			/ / dd mm/yy	/ / dd mm/yy
			/ / dd mm/yy	/ / dd mm/yy

**All official transcripts must be submitted including failures (if any)**

**Are you currently awaiting results of post secondary studies undertaken this year** Yes  No

If yes, please indicate the date the results will be available: Date: / /

Name of institution and qualification:.....

**WORK EXPERIENCE and/or RELEVANT EMPLOYMENT HISTORY**

(Attached separate sheet if insufficient space. Applicants with no tertiary qualification should provide extensive details of their work experience.)

	Employer	Job Title	Duties
From / / / to / / / dd/mm/yy dd/mm/yy			
From / / / to / / / dd/mm/yy dd/mm/yy			
From / / / to / / / dd/mm/yy dd/mm/yy			

Membership of professional society/association (if any)

Name of Society: \_\_\_\_\_ Grade of Memberships: \_\_\_\_\_

Details of original research and publication:

\*Attach separate sheet if insufficient space. For publications please list date, name of journal or publisher and title of article

Please provide the names, contact telephone numbers and email address of three (3) professional referees who are able to provide verification of your industry experience.

Name	Organisation	Position	Email	Phone Number

## English Language Requirements.

Applicants who do not meet the Monash University English Language Requirements in previous study, will need to successfully complete an Academic IELTS test before progressing onto a graduate degree in IT. For further information on the English Language Requirements please view the following website:

<http://www.policy.monash.edu/policy-bank/academic/education/admissions/english-language-requirements-procedures.html>

### Declaration:

I warrant that the information on this form, or provided in support of my application, is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript/s, might invalidate my application and that the University may withdraw an offer of a place or cancel my enrolment in consequence.

Should the University determine that I have submitted a false document, I consent to the University disclosing this information to other relevant tertiary institutions.

I consent to any education institution at which I have previously been a student and/or my current or any past employer, providing Monash University with information which that institution or employer holds about me for the purpose of Monash verifying my grades and/or qualifications or experience.

I authorise Monash University to obtain further information with respect to my application and, if necessary, seek academic information or transcripts from Australian educational institutions. Where necessary *Qualsearch* will be engaged to access this academic information. I understand that Monash University is not responsible if any educational body or institution does not supply these records. I understand that the results of the search will be made on request and that an audit of this authority may also be undertaken.

I have read the University's statement on privacy and the purposes for which my personal information will be used (available at: <http://www.privacy.monash.edu.au/guidelines/collection-personal-information.html>).

**I agree to abide by the statutes, regulations and policies of Monash University.**

**Applicant Signature:** \_\_\_\_\_ **Dated:**     /     /     /

### CHECKLIST

- |  |     |                          |
|--|-----|--------------------------|
| Have you included a certified copy of your previous study results? (if applicable) | YES | <input type="checkbox"/> |
| Have you completed the educational and work experience particulars?                | YES | <input type="checkbox"/> |
| Have you included relevant information and a detailed curriculum vitae?            | YES | <input type="checkbox"/> |
| Have you included the names and contact details of three referees?                 | YES | <input type="checkbox"/> |
| Have you signed the declaration?   | YES | <input type="checkbox"/> |

**Please Note:** Faxed or emailed applications will not be accepted under any circumstances.

### For further information:

Faculty of IT website: [www.infotech.monash.edu.au](http://www.infotech.monash.edu.au)

Admissions inquiries: <http://www.infotech.monash.edu.au/apply/contact/>

Office Use Only					
Course Title	Course Code	Course Leader Recommendation			Course Leader Approval
		Accept	Conditional	Reject	
Professional Certificate in IT	3315				
Satisfied Monash University English Language Requirements:     YES <input type="checkbox"/> NO <input type="checkbox"/>					
Conditions (if applicable)					