Greenhill Institute Pty Ltd t/a Greenhill Institute
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# POTENTIAL STUDENT DETAIL FORM

Student Name: _____

Gender: ☐ Male ☐ Female ☐ Other Date of Birth: _____

Preferred Course: _____

Preferred Intake_____

Nationality: _____Passport Number_____

Visa Subclass: _____Visa Expiry Date: _____

Address: _____

_____State:_____Postal Code:_____

Mobile: _____Email: _____

Current Course: _____

Current Institution: _____

Current Term: _____

IELTS/TOEFL/PTE Score: _____

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How Did You Hear About Us? _____

☐ I declare that the information provided is true and correct. I understand that providing false information may affect my application.

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**Date:** _____**Student Signature**_____

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**OFFICE USE ONLY:**

**Any Proposed Enrolment: Yes / No** ***If Yes,***

Course Name: _____

Proposed Start Date: _____

Notes:_____