



## Potential Student Detail Form

Student Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:
Preferred Course:	
Preferred Intake:	
Nationality:	Passport Number/ ID Number
Visa Subclass:	Visa Expiry Date:
Address:	
State:	Post Code:
Mobile:	Email:
Current Course:	
Current Institution:	
Current Term:	
IELTS/TOEFL/PTE Score:	
How did You Hear About Us:	
<input type="checkbox"/> I declare that the information provided is true and correct. I understand that providing false information may affect my application.	
Date: _____ Student Signature _____	

**For Official Use:**

**Any Proposed Enrolment: Yes / No**

If Yes

Course Name: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

**Pine International Institute Pty Ltd t/a Pine International Institute**

2 Hunt Street, Coburg, Victoria-3058, Australia

RTO NO. 46345 I CRICOS NO.: 04335M

Ph: 1300095003 | Website: [www.pine.vic.edu.au](http://www.pine.vic.edu.au)

Email: [pineinternationalinstitute@gmail.com](mailto:pineinternationalinstitute@gmail.com)



Notes: \_\_\_\_\_