

Student Financial Declaration Form

STUDENT DETAILS

Title:	Surname:	Given Name(s):
Correspondence Address:		
Permanent Home Address:		
Proposed Course of Study:		
Date of Birth:	Passport Number:	

STUDENT DECLARATION

I declare that I have a genuine intention to study the course for which I have applied, and that I have or intend to apply for access to sufficient funds to cover tuition fees, Overseas Student Health Cover, and living expenses for the duration of my studies.

I confirm that I have reviewed the following websites:

- Department of Immigration and Border Protection (DIBP): <https://www.border.gov.au/Trav/Visa-1/500->
- Overseas Student Health Cover: http://askus.ecu.edu.au/app/answers/detail/a_id/542
- Edith Cowan University Fees Calculator: <http://fees.ecu.edu.au/>

The funds I will need to have access to for the **FULL DURATION** of study are as follows:

Expenses	Person	Amount required in AUD\$	Number of family members	Amount in AUD\$ (full duration)
Full Duration of your ECU course (Years)				
Travel	Yourself	Return air fare to Australia	N/A	
	Family members	Return air fare to Australia		
Tuition	Yourself	Indicative total fee as per Offer	N/A	
	Children aged 5-18	AUD\$ 8,000 per year / per child		
Living	Yourself	AUD\$ 19,830 per year	N/A	
	Partner	AUD\$ 6,940 per year		
	First child	AUD\$ 3,720 per year		
	Each additional child	AUD\$ 2,790 per year		
Anticipated Total Expenses (AUD)				

Are you applying through an approved articulation pathway? ☐ Yes ☐ No

If yes please specify (eg. 2+2 or 3+1.5): _____

My anticipated total expenses will be funded from the following sources:

☐ Personal or Family Savings* ☐ Bank Loan* ☐ Sponsorship Other _____

*Name of bank must be stated below

Name of Bank / Loan / Sponsor / Scholarship / Other provider:

Have you already received approval for a bank loan? ☐ Yes ☐ No

I confirm that these funds are genuine and are to be used for no other purpose than to support me in my course of study. I acknowledge that any false or misleading statement may result in denial of my admission application or subsequent cancellation of my enrolment at the University, which in turn may affect the validity of my visa.

Signature of applicant: _____ **Date:** _____

WITNESS DECLARATION

I confirm that I have viewed a valid form of ID and that this "Student Financial Declaration Form" has been signed in my presence.

Signature of authorised witness: _____

Witness stamp
(if applicable):

Name of authorised witness: _____

Qualification as witness: (from the list below)

Address of witness: _____

AUTHORISED WITNESSES

- | | | |
|--|--|-----------------------------|
| • Authorised ECU Representative | • Doctor | • Patent Attorney |
| • Academic (post-secondary institution) | • Electorate Officer (State – WA only) | • Physiotherapist |
| • Accountant | • Engineer | • Podiatrist |
| • Architect | • Industrial organisation secretary | • Police officer |
| • Australian Consular Officer | • Insurance broker | • Post Office Manager |
| • Australian Diplomatic Officer | • Justice of the Peace (any State) | • Psychologist |
| • Bailiff | • Lawyer | • Public Notary |
| • Bank Manager | • Local government CEO | • Public Servant |
| • Chartered secretary | • Local government councillor | • Real Estate agent |
| • Chemist | • Loss adjuster | • Settlement agent |
| • Chiropractor | • Marriage Celebrant | • Sheriff or deputy Sheriff |
| • Company auditor or liquidator | • Member of Parliament | • Surveyor |
| • Court officer (magistrate, registrar or clerk) | • Minister of religion | • Teacher |
| • Defence Force officer | • Nurse | • Tribunal officer |
| • Dentist | • Optometrist | • Veterinary surgeon |