

## Genuine Student Assessment (GSA) Form

All student visa applicants are required to provide information in support of their application to demonstrate that they meet the Genuine Student criteria. Provide responses to support the applicant's ability to meet the criteria and ensure supporting documents are attached

**Applicant's Given Name(s):** \_\_\_\_\_

**Applicant's Family Name(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender** **Male** **Female** **Country of Birth:** \_\_\_\_\_

**Telephone:** (+ Country Code, Area Code, Telephone number) \_\_\_\_\_

**Email:** \_\_\_\_\_ **College Name:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_

1. Give details of the applicant's current circumstances, including ties to family, community, employment and economic circumstances.

2. Explain why the applicant wishes to study this course in Australia with this particular education provider including their understanding of the requirements of the intended course and studying and living in Australia.

3. Explain how completing the course will be of benefit to the applicant.

4. Give details of any other relevant information the applicant would like to include.

5. Provide a detailed history of the applicant's study record in Australia from the date of first arrival.

6. Will immediately notify the Department in writing about any changes to their email or residential address, course enrolment, or members of their family unit, or changes to any information they provided in their application, while this application is being considered.

Yes                  No

7. Acknowledge they are seeking to enter and remain in Australia as a genuine student whose primary purpose is to undertake and successfully complete a course of study.

Yes                  No

**APPLICANT DECLARATION**

- I declare that all the information I have provided in this form is accurate and complete and is not false or misleading.
- I acknowledge that furnishing inaccurate information or submitting erroneous documents will lead to the immediate cancellation of my offer to study with the college.

STUDENT OR PARENT/ GUARDIAN SIGNATURE

DATE (DD/MM/YYYY)

*\*Parent/Guardian must sign for under 18 students.*

**AGENT DECLARATION**

- I declare that the applicant is a genuine student and that all the information provided in this form is accurate and complete and is not false or misleading.

AGENT SIGNATURE

DATE (DD/MM/YYYY)

**FOR OFFICE USE ONLY**

Interviewed by: .....

Signature: .....

Date: .....

Comments: .....