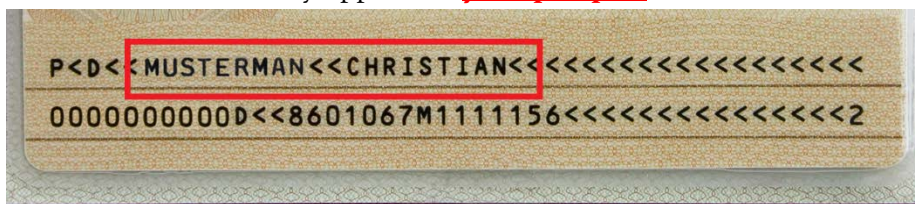


UNIVERSITY OF WESTERN AUSTRALIA

STUDY ABROAD APPLICATION FORM

PERSONAL INFORMATION

Insert **all names** as they appear on **your passport**:



Title (e.g. Mr. or Ms.): _____

Given Name(s): _____

Family Name: _____

Previous Family Name: _____

Preferred Name: _____

Gender: Male
 Female

Phone Number: _____ (+ country code)

Email Address: _____

Date of Birth: _____ Day: _____ Month: _____ Year: _____

Country of Birth: _____

Country of Citizenship: _____

APPLICANT'S ADDRESS

Country: _____

Street + Nr.: _____

Postal Code: _____

City: _____

State: _____

Do you have any disability/ies or chronic illness/es which require special consideration to assist you while studying at UWA?

- Yes
- No

OSHC

What type of Overseas Student Healthcare Cover (OSHC) would you like UWA to arrange for you?

Please note: it is a government requirement for your student visa that you hold OSHC for the entire duration of your studies. If you do not ask UWA to arrange your [OSHC](#), you will need to either provide evidence of [your own alternative OSHC](#), or evidence of not requiring it (e.g. for a Working Holiday Visa).

- OSHC Single Type Cover (cover just for me)
- OSHC Dual Type Cover (cover for me and a partner)
- OSHC Multi Type Cover (cover for a whole family)
- None (I will arrange my own OSHC)
- None (I am not required to have OSHC)

PROGRAM DETAILS

Desired start of studies:

- Semester 1 (February)
- Semester 2 (July)

Year: _____

You are applying for the UWA Study Abroad. For how long are you planning to study?

- One term
- Two terms

I want to apply as

- International student, Study Abroad on Bachelor level
- International student, Study Abroad on Master level

UNIT SELECTION

Please list at least double the number of units (courses) that you wish to take (e.g. 3 → 6, 4 → 8). List them according to your preference from top to bottom.

Unit Code _____
Unit Title _____
Semester _____

Unit Code _____
Unit Title _____
Semester _____

Unit Code _____
Unit Title _____
Semester _____

Unit Code _____
Unit Title _____
Semester _____

Unit Code _____
Unit Title _____
Semester _____

Unit Code _____
Unit Title _____
Semester _____

Unit Code _____
Unit Title _____
Semester _____

Unit Code _____
Unit Title _____
Semester _____

ACADEMIC DETAILS

Secondary Education (High School)

Country: _____
Institution Name: _____
Year of Completion: _____
Final Grade: _____

Post-Secondary Education (University/College)

Please list all institutions that you have visited and provide proof (academic transcript, certificate, letter from institution etc.) – *you can also write on the back!*

Country: _____

Institution Name: _____

- Course attempt terminated/discontinued by institution
- Currently enrolled
- Enrolled - completed by the time of admission to UWA
- Not yet complete/withdrawn before completion
- Successfully completed and obtained award
- Successfully completed but no award obtained yet
- Withdrawn without result or academic penalty

Level: _____

Study Program: _____
Year of (expected) completion: _____

Country: _____

Institution Name: _____

- Course attempt terminated/discontinued by institution
- Currently enrolled
- Enrolled - completed by the time of admission to UWA
- Not yet complete/withdrawn before completion
- Successfully completed and obtained award
- Successfully completed but no award obtained yet
- Withdrawn without result or academic penalty

Level: _____

Study Program: _____
Year of (expected) completion: _____

English language competency

Test Name: _____

Test Result: _____

Test Date: _____

TERMS AND CONDITIONS

Applicant Declaration

All applicants must read the following declaration. Checking the checkboxes signifies your acceptance of the following statements.

- I declare that I have read and understood all information, including the requirements for English Language Competence.
- I declare that the information provided by me in connection with this application is true and complete.
- I understand that UWA reserves the right to vary or reverse any decisions regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me, and that any such act on my part will be placed on record and will form part of confidential information forwarded to selectors in assessing any subsequent applications.
- I authorise UWA to make enquiries of, and to obtain official records from, any university and tertiary educational institution concerning my current or previous attendance which, in its absolute discretion, it believes are necessary to be made or obtained and, if necessary, seek academic information or transcripts. Where necessary QualSearch will be engaged to access this academic information. I understand that UWA is not responsible if any educational body/institution does not supply these records. I understand that the result of the search will be made available to me on request and that an audit of this authority may also be undertaken.
- I agree to obey the statutes, regulations and rules of UWA as far as they may apply to me. I declare that the information I have submitted with this application is a true and complete record of all academic results I have achieved at each and every university and tertiary educational institution which I have attended and I acknowledge that my failure to disclose my true and complete tertiary academic record, the provision of incorrect information or the withholding of relevant information, may result in the cancellation of my enrolment at any stage, and that this action may be recorded on my student file. I will inform UWA immediately of any change to my contact details.
- I understand that the University's authority to collect the information on this form is given by the Higher Education Support Act 2003; that the information is collected to allow the University to properly administer its course programmes; that the information may be shared for these purposes between the Australian Taxation Office and the Department of Industry, Innovation Science, Research and Tertiary Education and that the information collected may be disclosed without my consent only as authorised or required by that Act or another law.

Applicant Signature _____

Date and Place: _____



Authorization for IEC to process the application

I hereby permit International Education Centre (IEC Online GmbH) to submit the information which I have provided on this application form to the University of Western Australia (UWA) via an electronic online application form created and maintained by UWA.

Applicant Signature _____

Date and Place: _____

Please submit your application form with all required documents to IEC:

IEC Online GmbH
Bewerbungsbetreuung
Marienstrasse 19-20
10117 Berlin
Germany