



1. Personal Details

Have you previously applied for a Macquarie program or previously studied at Macquarie?	<input type="checkbox"/> No <input type="checkbox"/> Yes: ID _____
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/>
Family name	
Given name	
Middle name(s)	
Have you been known by any other name?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Date of birth	____/____/____ (dd/mm/yyyy)
Citizenship	
Country of birth	
In which country are you currently located?	
Do you have a passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport number	
Do you currently have a valid Australian visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes:

2. Contact Details

Country	
Street name & number	
City	
Postcode	
State	
E-mail address	
Home phone	(+____)
Mobile phone	(+____)

3. Program Details (additional preferences are optional)

Program code	
Program name	
Proposed start date	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____
Proposed campus	<input type="checkbox"/> North Ryde <input type="checkbox"/> Sydney City
What is your preferred duration? (only applicable to Master programs, for which different durations are offered)	<input type="checkbox"/> 1 year <input type="checkbox"/> 1,5 years <input type="checkbox"/> 2years

Program code (2 nd preference)	
Program name	
Proposed start date	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 Year: 20_____

4. Tertiary Education (if any)

Are you currently enrolled in a tertiary institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Name of institution	
Country	
Standard duration (in semesters)	
Proposed end date	_____/_____/_____ (dd/mm/yyyy)
Have you already completed another tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Name of institution	
Country	
Standard duration (in semesters)	
Date of completion (as shown on your certificate)	_____/_____/_____ (dd/mm/yyyy)

5. Secondary Education (only if applying for Bachelor's degree)

Have you already completed your high school studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualification (Abitur/ FH-Reife/ etc.)	
Standard duration (in years)	
Name of school	
Country	
Date of completion (as shown on your certificate)	_____/_____/_____ (dd/mm/yyyy)

6. English Language Qualification

All applicants are required to provide evidence of their proficiency in the English language.

What is your first language?	
Have you completed a program in which the sole language of instruction was English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sat/will you sit an English language test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which test?	
Test score (if available)	
Test date	_____/_____/_____ (dd/mm/yyyy)

7. Recognition of Prior Learning

If you have studied at another academic institution, you may be eligible for credit towards your degree at Macquarie. To request RPL you will need to provide documentary evidence of your current or previous studies.

Are you seeking recognition of prior learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Work Experience/Professional Membership (if any)

Do you wish to list any relevant work details?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a CV containing the information
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9. Overseas Student Health Cover (Australian health insurance that needs to be held by all students studying on a student visa. Overseas insurances will not be accepted)

Do you already have Overseas Student Health Cover (OSHC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer below
Name of insurance company	
Insurance number	
Will you be bringing family to Australia, travelling on your visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes, who:

10. Disability Services

Do you have a disability, impairment or long-term medical condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
Are you interested in information about disability support services, equipment and facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Sponsorship Details

Will you be fully sponsored by a government or organisation for your studies?	<input type="checkbox"/> No <input type="checkbox"/> Yes:
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12. Declaration

By signing this application form, I acknowledge and agree to the following:

- 1) I have read and understood the privacy statement above.
- 2) The information I have submitted with my application is true, correct and complete.
- 3) The University may vary or reverse any decision it makes on the basis of incorrect, incomplete or fraudulent information provided in my application.
- 4) It is an offence to submit fraudulent documentation in support of my application. If fraudulent documentation is detected:
 - my application will be rejected;
 - if an offer has been made, it will be withdrawn; and
 - if a visa has been issued to me, the Department of Immigration and Citizenship will be notified; and
 - other relevant authorities (such as the NSW Police and the Independent Commission Against Corruption) may also be notified.
- 5) I will notify the University immediately if there is any change to the information I have given in this application.

6) I have accessed information regarding the costs associated with living in Australia for me and any dependents accompanying me, published by the Australian Government at www.studyinaustralia.gov.au/en/Study-Costs

7) I have accessed information regarding the costs related to studying at Macquarie University at: www.international.mq.edu.au/macquarie/sydney/livingcosts

8) I have sufficient funds to finance my studies including tuition fees, ancillary costs and living expenses for me and any dependents accompanying me to Australia.

Signature _____ **Date** _____ (dd/mm/yyyy)