



Application for Study Abroad Semester

Attach a colour, passport-sized photo (45 x35mm) here using a paper clip.
DO NOT glue or staple.

1. Study Abroad Program information

| | |
|----------------------|--|
| Home university | |
| Proposed start date | <input type="checkbox"/> Term 1 (Feb, 3 courses) <input type="checkbox"/> Term 3 (Sep, 3 courses) Year: 20____ |
| | <input type="checkbox"/> Term 1 (Jan, 4 courses) <input type="checkbox"/> Term 3 (Aug, 4 courses) Year: 20____ |
| Proposed duration | <input type="checkbox"/> 1 Term <input type="checkbox"/> 2 Terms |
| Proposed study level | <input type="checkbox"/> Undergraduate/Bachelor <input type="checkbox"/> Postgraduate/Master |

2. Personal Details

| | |
|---|--|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx |
| First name | |
| Middle name(s) | |
| Last name | |
| Preferred first name | |
| Date of birth | ____/____/____ (dd/mm/yyyy) |
| Country of birth | |
| Citizenship | |
| Gender | <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____ |
| Have you changed your name? | <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ |
| Have you previously applied for a UNSW program or previously studied at UNSW? | <input type="checkbox"/> No <input type="checkbox"/> Yes: ID _____ |

3. Contact Details

| | |
|----------------------|---------|
| Street name & number | |
| City | |
| State | |
| Postcode | |
| Country | |
| Contact phone number | (+____) |
| Email address | |

4. Emergency Contact (please list one person to be contacted in case of an emergency)

| | |
|--|--|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx |
| Relationship (mother/father/sister/etc.) | |
| First name | |
| Middle name(s) | |
| Last name | |
| Street name & number | |
| City | |
| State | |
| Postcode | |
| Country | |
| Contact phone number | (+____) |
| Email address | |

5. Disability Information

| | |
|---|--|
| Do you live with the effects of a mental health condition, learning disability, long-term medical condition, or other disability or impairment? | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ _____ |
| Do you need some form of assistance from Disability Services? | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ _____ |

6. Current Enrolment (university, etc)

| | | | |
|---|--|----------|---------------------|
| Are you currently enrolled at a tertiary institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of institution | | | |
| Degree program (Bachelor of/Master of/etc.) | | | |
| Name of main program/study area | | | |
| Name of minor program/study area (if any) | | | |
| Expected graduation year | ____/____ (mm/yyyy) | | |
| Start date | ____/____ (mm/yyyy) | | |
| Current overall grade | | | |
| 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 | | | |
| Start date | ____/____ (mm/yyyy) | End date | ____/____ (mm/yyyy) |
| Final grade | | | |

7. Passport Details

| | |
|----------------------|-----------------------------|
| Passport number | |
| Passport expiry date | ____/____/____ (dd/mm/yyyy) |

8. English Language Qualification

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

| | |
|--|--|
| Is English your first language? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you attended English language classes in the last two years in high school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you sat an English language test? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, which test? | |
| Test score | |
| Test date | ____/____/____ (dd/mm/yyyy) |

9. Course Selection

Please list at least 8 subjects in order of preference.

| | | |
|---------------------------------------|---|----------------------|
| How many courses do you plan to take? | <input type="checkbox"/> 3 courses <input type="checkbox"/> 4 courses | |
| Course code (ACCT1234) | Course name | Credit Points |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

10. Declaration

I wish to be considered for admission to UNSW as a Study Abroad student and declare that the information I have provided is true and accurate.

I understand that UNSW reserves the right to reverse or vary any decision regarding admission made on the basis of incomplete or false information, or not meeting admission requirements.

I also understand that at the time I accept an offer of place at UNSW, I will be required to pay the deposit and medical insurance, if applicable.

I understand these terms and conditions of applying to study as a Study Abroad student at UNSW and agree to abide by them.

Signature _____ Date _____ (dd/mm/yyyy)