

Application for Study Abroad

	1.	Ag	ent	: D	eta	ils
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I hereby nominate the below Agent to submit this application to Edith Cowan University on my behal
including all necessary documents, and to act as my representative for all future correspondence.

Name of Agent	GOstralia!-GOmerica	i I			
Office		☐ Berlin/Hamburg ☐ Dortmund			
51.1155					
2. Applicant Details					
Title		□ Mr □ Mrs □ Ms □ Mx			
First name					
Family name					
Other name(s)					
Preferred name					
Date of birth		/(dd/mm/yyyy)			
Gender		□ male □ female □			
E-mail address					
2.691					
3. Citizenship and Visa Info					
For which visa do you inten		□ Student Visa (Subclass 500)			
(for information on visa opt	•	☐ Working Holiday Visa (Subclass 417)			
www.gostralia-gomerica.de	e/visum)	☐ I want to study online from my home country			
Country of birth					
Passport number					
Citizenship					
Have you applied for perma	anent resident Visa?	□ No □ Yes:/ (dd/mm/yy)			
Have you previously applied ECU?	d to or studied at	□ No □ Yes, ID:			
4. Contact Details					
Street name & number					
City					
Country					
Postcode					
Home phone		(+)			
Mobile phone		(+)			

Do you have a disability or ongoing medical condition that will require you to seek special assistance from the University?			□ No ————	□ Yes:		
6. Study Abroa	d Program II	nformation				
Proposed study	level	□ Undergraduate/Bac	helor 🗆	Postgraduate/Maste	r	
Proposed Camp	ous	□ Joondalup □ Mo	ount Lawley	,		
Proposed start	date	□ Semester 1 □ Sem	ester 2	Year: 20		
Proposed duration		mesters				
How many credits would you like to take?		□ 60 CP (4/5 courses)				
separate page Course code			ying for two	semesters, list units Semester	for second semester on	
(ENS1100)						
8. Tertiary Educ	cation (if any	y) (University, etc)				
Are you current institution?	tly enrolled i	n a tertiary	□ Yes	□ No		
Country						
Start date			/_	(mm/yyyy)	
Name of institu	ition					
Degree progran	n (Bachelor/	Master/etc.)				
Name of progra	am/study are	ea				
Language of Ins	struction					
Have you already completed another tertiary program? (if yes, complete below)			□ Yes □ No			
Country						
Start date _		(mm/yyyy)	End date		(mm/yyyy)	
Name of institu	ition					
Degree progran	m (Bachelor/	Master/etc.)				
Name of progra	am/study are	ea				
Language of Ins	struction					

5. Disability Information

9. English Language Qualification

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

Is English your first language?	□ No	□ Yes
My English grades in school are sufficient	□ No	□ Yes
Have you sat/will you sit an English language test?	□ No	□ Yes, Test:
Test date	/	/ (dd/mm/yyyy)
Test score (if available)		

10. Declaration and Signature

- 1. I declare the information provided by me in this application is true and correct. ECU reserves the right to make enquiries with third parties to verify the information provided. I understand that providing false and misleading information to obtain admission or credit into a course may be a criminal offence.
- 2. I have made my own enquiries as to the inherent requirements and the suitability of the course that I am seeking to be enrolled in, and if needed, have sought assistance and reasonable adjustment from ECU before submitting this application.
- 3. If I am admitted into a course, I will comply with ECU's Statutes, By-laws, Rules and other governance documents relating to ECU and my course, including ECU's Student Code of Conduct Policy. I understand it is my responsibility to ensure my enrolment is in accordance with ECU's Admissions Enrolment and Academic Progress Rules.
- 4. I acknowledge that official communication by ECU to me will be predominantly by electronic means.
- 5. I will notify ECU of changes to my residential addresses, contact information or emergency contact information, whether in Australia or another country, during the application process and during my studies.
- 6. I understand that my personal information will be collected, used and disclosed in accordance with ECU's <u>Privacy Policy</u>, and consent and agree to the actions contemplated by this declaration and ECU's <u>Privacy Policy</u>. This includes my personal information being:
 - disclosed to State and Commonwealth authorities and agencies, and that State and Commonwealth authorities and agencies may further disclose this information to other agencies, organisations, bodies or associations;
 - disclosed to third parties, including third parties overseas, where this is necessary for the provision of services to me;
 - disclosed to third parties that have been involved with my enrolment, including education agents, home educational institutions and sponsors; and
 - used to conduct surveys, which may assist ECU in performing its statutory functions and improving its services.
- 7. I understand that if there is an encumbrance on my student record, I will not be able to enrol in a new course or unit at ECU until the encumbrance is removed. Encumbrances may be due to outstanding fees, library loans, student loans or other monies owed to ECU, or could be due to academic or other non-financial reasons.

Signature	_ Date _		(dd/mm/yyyy)
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