



Application for Study Abroad Semester

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

1. Agent Details

I hereby nominate the below Agent to submit this application to the UNSW Sydney on my behalf including all necessary documents, and to act as my representative for all future correspondence.

Name of agent	GOstralia!
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Koeln <input type="checkbox"/> Hamburg/Berlin <input type="checkbox"/> Dortmund

2. 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

3. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
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 _____

4. Contact Details

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

5. 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"/> Dr. <input type="checkbox"/> Prof.
Relationship (mother/father/sister/etc.)	
First name	
Middle name(s)	
Last name	
Street name & number	
City	
State	
Postcode	
Country	
Contact phone number	(+____)
Email address	

6. Disability Information

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

7. Current Enrolment

Are you currently enrolled in a tertiary institution (university, etc)?	<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	

8. Passport Details

Passport number	
Passport expiry date	___/___/_____ (dd/mm/yyyy)

9. 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)	

10. 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

11. 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)