



Application for Study Abroad

1. Agent Details

I hereby nominate the below Agent to submit this application to the Deakin University 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. 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	
Previous family name (if any)	
Date of birth	___/___/_____ (dd/mm/yyyy)
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other
Contact phone number	(+___)
Email address	
Will you be travelling with members of your family?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: _____
Do you have a disability for which you may require additional assistance at Deakin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: _____

3. Residency Details

Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship	
Dual citizenship (if known)	
Have you previously applied for a program or previously studied at Deakin?	<input type="checkbox"/> No <input type="checkbox"/> Yes: ID _____

4. Contact Details

Street name & number	
State	
City	
Country	
Postcode	
Contact phone	(+___)

5. Tertiary Education (University) (if any)

Are you currently enrolled in a tertiary institution? (i.e. university)	<input type="checkbox"/> Yes <input type="checkbox"/> No Semester: _____
Country	
Name of institution	
Start date	___/____/____ (mm/yyyy)
Proposed end date	___/____/____ (mm/yyyy)
Cumulative GPA (Notenschnitt)	
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Have you completed this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____
Have you already completed another tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	
Start date	___/____/____ (mm/yyyy)
Proposed end date	___/____/____ (mm/yyyy)
Name of institution	
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Are you applying for credit transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Program Information

Proposed study level	<input type="checkbox"/> Undergraduate/Bachelor <input type="checkbox"/> Postgraduate/Master
Proposed duration	<input type="checkbox"/> 1 Trimester <input type="checkbox"/> 2 Trimesters
Proposed start date	<input type="checkbox"/> Trimester 1 <input type="checkbox"/> Trimester 2 <input type="checkbox"/> Trimester 3 Year: 20_____
Campus	<input type="checkbox"/> Burwood <input type="checkbox"/> Warrnambool <input type="checkbox"/> Geelong

7. Study Plan

Please list at least 6 subjects in order of preference.

How many units do you plan to take?	<input type="checkbox"/> 3 units <input type="checkbox"/> 4 units	
Course code (ACC100)	Course name	Campus

If you plan to study for two semesters, attach your unit choice for the second semester on a separate piece of paper.

8. English Language Qualification

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

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 date	___/___/_____ (dd/mm/yyyy)
Test Score	

6. Secondary Education (High school)

if you are not enrolled in a University Degree Programm

Year of completion	
Country	
Qualification (Abitur/ FH-Reife/ etc.)	
Name of school	
Final result (overall grade)	
Language of instruction	

10. Insurance Information (see www.gostralia.de/versicherung)

Do you wish for Deakin University to arrange your OSHC insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes, for <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Family
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11. Declaration

I agree to accept my place in a Deakin University approved Program on the following terms and conditions:

1. EXPENSES

I agree to pay all expenses associated with my participation in the Program, including but not limited to:

- the cost of text books and educational supplies required for the Program;
- all travel, visa, accommodation and living expenses associated with my participation in the Program unless stated otherwise;
- all health insurance costs and medical and pharmaceutical expenses incurred for my benefit; and
- all costs resulting from the modification or termination of my participation in the Program.

2. PASSPORT & VISAS

I agree that I am responsible for obtaining an appropriate visa or entry documents prior to my departure.

3. HEALTH AND SAFETY

a) Travel & Medical Insurance

I agree that I am responsible for obtaining Travel insurance that will provide me with comprehensive medical and health coverage for the duration of my participation in the Program.

b) Deakin Pre-Departure Information

I agree to read all pre-departure provided to me by Deakin, particularly details relating to health and safety issues.

c) Pre-Existing Medical Conditions

When disclosing a medical condition, I agree to provide Deakin with a management plan so Deakin can put in place arrangements to support my condition.

4. UNIVERSITY FUNDS

I acknowledge that Deakin University is not obliged to provide any funds to assist with the payment of Program fees unless it has been agreed to in a signed letter addressed to me. If Deakin University does provide funds for my expenses, I agree to repay those funds at Deakin University's request if I do not complete the Program or if my participation in the Program is terminated by Deakin University.

5. DISCLOSURE OF PERSONAL INFORMATION

I consent to the disclosure by Deakin University of any personal about me, including my academic record, in any or all of the following circumstances:

- a) If Deakin University believes the disclosure would assist any hospital or other medical provider
- b) If Deakin University believes the disclosure would assist in satisfying my immigration or visa requirements during the Program or otherwise facilitate my travel
- c) If Deakin University believes the disclosure is required to enable or assist me to obtain funds; and
- d) In any other circumstance in which Deakin University believes the disclosure of the personal information is warranted.

6. UNFORESEEN EVENTS

I understand that due to the international aspect of the Program, events beyond the control of Deakin University may occur including the outbreak of war, civil unrest or natural disasters and that these may require a modification or termination of my participation in the Program. I agree that Deakin University may modify or terminate my participation in the Program in these circumstances.

7. RULES AND REGULATIONS

I understand that I am subject to the rules and regulations of both Deakin University and that failing to abide by them could result in the immediate termination of my participation in the Program.

8. AMBASSADORSHIP

I acknowledge that being a representative and ambassador of My Home University is an important part of the Program. I undertake to conduct myself in a manner that will not offend either the laws of the host country or the cultural norms or behaviour pattern of the people of the host country. I agree to complete all requirements of the program and will allow Deakin University to terminate my participation in the Program if I fail to maintain what Deakin University considers to be an acceptable standard of conduct.

9. ONGOING OBLIGATIONS

I agree to assist Deakin as much as possible to:

- a) Provide up to date information regarding Program details and activities;
- b) Assist students participating in the Program in the following years;
- c) Complete an Program evaluation and report, as requested;
- d) Provide content about my experiences during the Program for marketing and communication purposes, as requested.

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

Application declaration form

On-campus undergraduate and postgraduate studies



All applicants to Deakin University, Australia, must sign a declaration declaring that the contents of their application are correct and complete. If you have applied to Deakin through an agent representative's application portal, please submit a signed copy of this form with your application.

Privacy statement

Please read the following Deakin University privacy statement with regard to any information you provide to Deakin as part of the application process:

Deakin University is collecting your personal information for the primary purpose of assessing your application. The University will also use this information to register you in Deakin's student management system, for planning and quality assurance purposes and to notify you about further opportunities and activities of Deakin that may be of interest to you. Your personal information may be stored in 'cloud'-based servers located in Australia or overseas. Deakin may provide your personal information to relevant institutions and employers to verify your qualifications and may disclose your personal information to Australian government agencies, including the Department of Home Affairs and Border Protection and the Department of Education and Training, where required by legislation or to support your visa application. Your personal information will also be disclosed to your overseas student health cover provider and, if you are under 18 years of age, to the carer appointed for you. If an agent has assisted you with your application for admission or your visa application, Deakin and the agent may share your personal information.

You are not required to provide the information requested, however if the information is not provided, Deakin may not be able to assess your application.

Deakin manages personal information it holds, including requests by individuals for access to their personal information, in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). Deakin's Privacy Policy may be viewed on *The Guide* – <http://theguide.deakin.edu.au>.

For further information on privacy at Deakin please contact **+61 3 5227 8524** or email privacy@deakin.edu.au.

Declaration

I declare that to the best of my knowledge the information I have supplied in this application and the documentation supporting it are correct and complete. I will provide original documentation as required and acknowledge that the provision of incorrect information or documentation or the withholding of relevant information or documentation relating to this application may result in cancellation of any offer of enrolment or actual enrolment by Deakin University. I have read and understood the sections of the International Course Guide relating to the courses I have selected, and the admission procedures, fees, refund policy and privacy policies. I undertake to make timely payments of any fees or associated costs for which I am liable. I am aware of the likely costs of my stay in Australia and have the necessary financial capacity to meet such costs for the duration of my course.

Applicant's signature:

Date:

Applicant's full name:

For under 18 applicants:

Parent/Guardian's full name:

Date: