

STUDY ABROAD AND EXCHANGE PROGRAMS APPLICATION FORM



(February - June), OR





YOUR CHOICE OF STUDY

Please select your program from the drop-down menu below:

Length of program When do you wish to start your program?

1 Session 1 Year Autumn, Year

Spring, Year (July - November)

CRICOS Provider Code: 00917K

PLEASE SUBMIT THIS FORM TO

→ studyabroad@westernsydney.edu.au

ALONG WITH THE FOLLOWING ITEMS

- → Passport copy
- → Certified copy of your academic transcript
- → English language test results (where required)

Please type in CAPITAL LETTERS – as in passport				
A – PERSONAL DETAILS				
Family Name		Given Name		
	Citizenship		Country of Birth	
M F	5 I.Ml			
Country of Permanent Residence	Passport Number			
Correspondence Address		Home Address		
Correspondence Address		Horne Address		
		N (5 0 1	1.0	
Student Telephone		Name of Emergency Contact Person		
Student Mobile		Emergency Contact Telep	hone	
Student Mobile		Emergency contact relep	HOTIC	
Student Email (required)		Emergency Contact Mobil	e	
		3. 3		
Student Telephone		Emergency Contact Email		
Australian address (if known - please print)		Relationship to you (e.g. mother):		
B - HOME UNIVERSITY DETAILS				
Current university or college			copy of your academic transcript, in English. be processed without this document.	
Contact person		Current course and major	•	
Title				
Title		Please list the units/subid	ects you are currently enrolled in	
Address		Troube not the units, subject	coto you are carronaly emoneum	
Email				
Telephone				
Telephone				
Fax				
C – PROFICIENCY IN ENGLISH				
C-PROFICIENCY IN ENGLISH				

Is English your first language? Yes

Go to Section D

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Have you taken any English proficiency test e.g. IELTS or TOEFL? Yes No

Please attach a certified copy of your English proficiency test.

Name of test Score

Date of IELTS/TOEFL test sat or to be taken

D - UNITS OF STUDY AT WESTERN SYDNEY UNIVERSITY

How many units do you want to enrol in per semester: 3 units 4 units

Please refer to the Online Handbook to select your units of study and list them in order of preference **westernsydney.edu.au/handbook**

Please check all relevant information, including when the unit is offered, on which campus and whether you meet any prerequisites.

Unit Code	Unit Name	Session Running	Campus	Prereqs met

E-INTERNSHIP APPLICANTS

In addition to the general requirements of the Study Abroad program, please supply:

- → This form with the requested attachments (transcripts and proof of English proficiency).
- → Resume.

- → Two letters of reference with contact details of the referees.
- → A statement outlining your area of interest.

Please note that internships are limited and are awarded on a competitive basis. If we are unable to place you in a suitable internship placement, please indicate your interest in pursuing enrolment in the Western Sydney University Study Abroad program.

F - STUDENTS WITH DISABILITIES

Do you have a disability? Yes No

If you require assistance at university because of a current disability, please provide a brief statement outlining what your needs may be on a separate piece of paper. This will be kept confidential and will not affect your admission to the area of study for which you are applying.

G-DECLARATION

- 1 I wish to be considered for entry to the course listed above, and declare that all the information submitted on this application form is correct and complete.
- 2 I authorise the Western Sydney University to obtain official records from any educational institution previously attended by me.
- 3 I clearly understand and accept that enrolment in the Western Sydney University will require compliance with the provisions established by the Australian Government for fee-paying overseas students, which include the following:
 - 3a temporary entry to Australia, if granted, will be for study purposes only;
 - **3b** to be accepted to study at the Western Sydney University, I must have at least the minimum academic and English language requirements for the course;
 - **3c** will be permitted to continue my study in Australia only if I make satisfactory progress in my course.
 - 3d I undertake to inform the University of my Australian residential address and telephone number at enrolment. I will advise the University of any changes to these details while enrolled at the Western Sydney University.
 - **3e** I am to return home on the completion of my study or at the expiration of my temporary entry permit, and I understand that temporary entry as a student confers no right of permanent residence in Australia at an after date.
- 4 I undertake to pay the prescribed tuition fee for which I am liable, and am aware that failure to pay the charge when it becomes due means that I will not be permitted further temporary stay in Australia to pursue the studies which attracted the charge.
- **5** I am aware of the likely living cost of my stay in Australia, and I have the necessary financial capacity to meet such costs for the full duration of my course.
- 6 I understand that I will be required to pay compulsory school fees for any children accompanying me to Australia who are aged between 6-15 years.

- 7 I understand that the Western Sydney University reserves the right to vary any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.
- **8** The information provided by you to the Western Sydney University may be made available to Commonwealth and State agencies, pursuant to obligations under the ESOS Act 2000 and National Code.

Western Sydney University Refund Agreement

The Western Sydney University Refund Agreement complies with Federal Government legislation and applicants should read and understand the declaration before signing.

Please refer to westernsydney.edu.au/international/admissions/ refund_agreement and the government's ESOS Act westernsydney.edu. au/_data/assets/pdf_file/0006/47535/international_refund.pdf

Electronic Signature: please type your name in the box below:

Date

I declare that the information I have given in this application is true and correct.

Please return completed form to:

Marienstrasse 19/20, D-10117 Berlin Tel. +49 (0)30-20458687 www.ieconline.de

Overseas Student Health Cover

Applica	ant Name:
	equirement of the Australian Government that you maintain Overseas Student Health OSHC) for the duration of your student visa.
Please o	choose one of the following options:
	WSU shall arrange my Visa Length OSHC I am already in Australia and have an existing OSHC Policy I am organizing my own OSHC (https://oshcaustralia.com.au/en?agent = de-ieconline) I do not have or require a student visa and do not require OSHC
Please s	select the type of cover you require:
	Cover for myself only Cover for myself and my spouse OR myself and one child Family cover for myself AND my spouse AND my child/ren