



CRICOS provider no. 00002J

Study Abroad Application form

REPRESENTATIVE STAMP

1. PERSONAL DETAILS (USE BLOCK LETTERS)

Mr Mrs Ms Miss Sex: Male Female

Family Name First Names

Former Name (if applicable) Date of Birth / /
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Contact Address for Correspondence:

Street Address

Town/Suburb State/City

Postcode Country

Phone (h) Fax No.

E-mail

PERMANENT ADDRESS IN HOME COUNTRY (ONLY IF DIFFERENT FROM THE ABOVE ADDRESS. IF THIS ADDRESS CHANGES, PLEASE ADVISE THIS OFFICE IMMEDIATELY):

Street Address

Town/Suburb State/City

Postcode Country

Phone Fax No.

2. CITIZENSHIP AND ENGLISH LANGUAGE PROFICIENCY

Country of Citizenship (as shown in your passport):

Country of Birth:

Is English your first language? Yes No, my first language is:

If no, I have attached evidence of my English Language Proficiency

IELTS Score: TOEFL Score:

Do you have any disabilities/conditions that you think Macquarie Abroad should be aware of? Yes

Please attach a letter explaining the support required.



3. ACADEMIC BACKGROUND

At which institution are you currently studying?

Country

Please give full details of your previous study.

Other qualifications

Qualification/Award	School/Institution	Country	Duration	Date award conferred

4. PROPOSED STUDY PROGRAM

I am intending to study: One Semester Full Year

Starting Date: Semester 1 (February-July) Semester 2 (July-December) Year

*Important: Course Approval will be assessed on the basis of the transcripts that you provide and final enrolment will be completed upon arrival.

Semester 1 - (February - July)

Subject Code	Subject Name	Course Approval (Official Use Only)
1		
2		
3		
4		
5		
6		

Semester 2 - (July - December)

Subject Code	Subject Name	Course Approval (Official Use Only)
1		
2		
3		
4		
5		
6		

Internships

I am interested in applying for an internship (please provide full resume/CV and cover letter with application form)

Volunteer

I am interested in participating in a volunteer activity whilst studying at Macquarie

5. DECLARATION

I wish to be considered for enrolment as an international student in a course at Macquarie University and declare that the information submitted is correct and complete. I understand the University may obtain official records from any school, university or other tertiary institution previously attended by me. I understand that the University reserves the right to vary or reverse any decision made on the basis of incorrect or incomplete information. I am able to make appropriate arrangements to fund my studies.

I herewith give the University permission to provide my address and details of enrolment to the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) and the Department of Education, Science and Training (DEST), should I enrol at Macquarie University.

Signature

Date

PLEASE RETURN THIS FORM AND THE NECESSARY ATTACHMENTS TO:

Macquarie Abroad
Macquarie International, Building E3A
Macquarie University
North Ryde NSW 2109, AUSTRALIA, Fax: +61 2 9850 7733