

**1. Agent Details**

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

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

**2. General information**

Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be applying for a student visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport number	
Citizenship	
Passport expiry date	___/___/_____ (dd/mm/yyyy)
Have you previously applied for an UWA program or previously studied at UWA?	<input type="checkbox"/> No <input type="checkbox"/> Yes: ID _____
Country you are applying from?	

**3. Application Information**

Study level	<input type="checkbox"/> Undergraduate/Bachelor <input type="checkbox"/> Postgraduate/Master
Program Code	
Program Name	
Campus	<input type="checkbox"/> Perth (Crawley) <input type="checkbox"/> Albany (Regional Campus)
Start date	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2   Year: 20_____
Specialisation/Major	
Program Code (2 <sup>nd</sup> Pref.)	
Program Name (2 <sup>nd</sup> Pref.)	
Campus (2 <sup>nd</sup> Pref.)	<input type="checkbox"/> Perth (Crawley) <input type="checkbox"/> Albany (Regional Campus)
Start date (2 <sup>nd</sup> Pref.)	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2   Year: 20_____
Specialisation/Major (2 <sup>nd</sup> Pref.)	

**5. Secondary Education (High School Studies)**

In what country did you attend your last secondary school (high school)?	
Name of school	
Qualification (Abitur/ FH-Reife/ etc.)	
Language of Instruction	
Have you completed this qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Completion	

## 6. Tertiary Education (University, etc.)

Are you currently enrolled in a tertiary institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Country			
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Start date	___/___/_____ (mm/yyyy)	End date	___/___/_____ (mm/yyyy)
Have you already completed another tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Country			
Name of institution			
Degree program (Bachelor/Master/etc.)			
Name of program/study area			
Start date	___/___/_____ (mm/yyyy)	End date	___/___/_____ (mm/yyyy)

## 7. English Language Qualification

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

Have you sat an English language test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which test? (TOEFL, IELTS, etc)		
Test date	___/___/_____ (dd/mm/yyyy)	
Test result		

## 8. Personal Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.
Given name(s)					
Preferred given name					
Family name					
Previous family name (if applicable)					
Email address					
Contact phone	( +___ )				
Date of birth	___/___/_____ (dd/mm/yyyy)				
Gender	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> other		
Country of birth					

## 9. Address Details

Country	
Street name & number	
City/Town	
State/Region	
Postcode	

## 10. Disability Information

Do you have any disability/ies or chronic illness/es which require special consideration to assist you while studying at UWA?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____ _____ _____
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## 11. Overseas Student Health Cover (for Details on OSHC please visit: [www.gostralia.de/versicherung](http://www.gostralia.de/versicherung))

Which OSHC cover do you require?	<input type="checkbox"/> Single Type Cover (only for myself) <input type="checkbox"/> Dual Type Cover (for me & partner) <input type="checkbox"/> Family Type Cover (for me, partner & children) <input type="checkbox"/> None (I will arrange my own OSHC)
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## 12. Declaration

All applicants must read the following declaration. Clicking the checkbox signifies your acceptance of the following statements.

- I declare that I have read and understood all information, including the requirements for English Language Competence.
- I declare that the information provided by me in connection with this application is true and complete.
- I understand that UWA reserves the right to vary or reverse any decisions regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me, and that any such act on my part will be placed on record and will form part of confidential information forwarded to selectors in assessing any subsequent applications.
- I authorise UWA to make enquiries of, and to obtain official records from, any university and tertiary educational institution concerning my current or previous attendance which, in its absolute discretion, it believes are necessary to be made or obtained and, if necessary, seek academic information or transcripts. Where necessary QualSearch will be engaged to access this academic information. I understand that UWA is not responsible if any educational body/institution does not supply these records. I understand that the result of the search will be made available to me on request and that an audit of this authority may also be undertaken.
- I agree to obey the statutes, regulations and rules of UWA as far as they may apply to me. I declare that the information I have submitted with this application is a true and complete record of all academic results I have achieved at each and every university and tertiary educational institution which I have attended and I acknowledge that my failure to disclose my true and complete tertiary academic record, the provision of incorrect information or the withholding of relevant information, may result in the cancellation of my enrolment at any stage, and that this action may be recorded on my student file. I will inform UWA immediately of any change to my contact details.

I understand that the University's authority to collect the information on this form is given by the Higher Education Support Act 2003; that the information is collected to allow the University to properly administer its course programmes; that the information may be shared for these purposes between the Australian Taxation Office and the Department of Industry, Innovation Science, Research and Tertiary Education and that the information collected may be disclosed without my consent

only as authorised or required by that Act or another law.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ (dd/mm/yyyy)