



## STUDY ABROAD APPLICATION FORM

### 1. Personal Details

Title: Mr, Mrs, Miss, Ms		
Family Name:		
Given Names:		
Name as appears in Passport:		
Passport Number:		
Citizenship:		
Country of Birth:		
Date of Birth:	/ /	
	Day    Month    Year	

Permanent Home Country Address: _____ _____ _____ _____ _____	Home Country Telephone: _____ Home Fax: _____ Email: _____
Current Postal Address (If different from above): _____ _____	

### 2. Course Details for ECU Enrolment

Exchange/Study Abroad Commencing: 200   Semester 1 **February**  Semester 2 **July**

Are you applying to study at ECU at Undergraduate Level?  Yes  No

Duration of study time at ECU:  One Semester  Two Semesters

### 3. Educational Qualifications

Give details of all senior secondary and post-secondary education, which you have completed or are currently studying

#### Secondary Education:

Name of Institution	Years Attended	Name of Award	Length of Course	Completed (yes/no)

#### Post Secondary Education:

Name of Institution	Years Attended	Name of Award	Length of Course	Completed (yes/no)

You **MUST** attach the original or certified copies of qualifications as well as transcripts showing grades awarded. The transcripts should show all units of study, class grades and a course average. An English translation is required if originals are not in English. If applying for admission in a name different to that shown on the documents, proof of identity must be attached (eg Marriage certificate).

#### 4. English Proficiency

Do you speak a language other than English at your permanent residence:

Yes

No

If YES, indicate the main language spoken

**English Language Competence:** If your qualifications were gained outside Australia in a language other than English, please provide proof of competence in English Language. You **MUST** supply evidence to show that your English ability meets our requirements. Attach certified photocopies to this application.

Do you require an English Language Bridging course before the Study Abroad program?

Yes

No

#### 5. Please nominate your sponsor or guardian to whom the University may refer in an emergency.

Title:	Family Name:	Given Names:
Relationship to you:		
Address:		
Telephone:		

#### 6. Please name any dependants who will be accompanying you:

Name	Age	Relationship to you

#### 7. Work Experience: Please list any relevant work experience you may have

Employer	Years of Service	Position

#### 8. Disability Declaration

Do you have a disability, impairment or long term medical condition which may affect your studies?

Yes

No

If YES, please indicate the area of impairment:

Hearing

Learning

Mobility

Vision

Medical

Other

#### 9. Declaration

I hereby declare that the information provided on this application is correct. I authorise the University to obtain official records, if necessary, from any educational institution attended by me. If I am accepted for enrolment at Edith Cowan University I hereby agree that I will observe the Statutes, By-Laws and regulations of Edith Cowan University.

I accept sole responsibility and hereby declare that the University will be in no way liable for any breach by me of licences and/or agreements covering the use of software or for breach by me of any relevant provisions of the Copyright Act 1968.

Signature

Date

Please send your application to:

**AA Education Network**  
26 Koorunga Avenue, Cleveland  
QLD 4163  
Telephone: +61 7 3488 2916  
Email: info@aa-education.com  
Web: www.aa-education.com



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