

Part II. Course of Study

Course Number	Course Description	Units	Equivalent CUI Course Number	Applies to Program/Major/Minor

Academic Advisor: _____ Date: ____ / ____ / ____

Wellness Center: _____ Date: ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____
 (Education: Debbie Brumfield: Needed if major/minor is in Education)

Signature: _____ Date: ____ / ____ / ____
 (CCI: Carrie Donohoe: Needed if major/minor is in Christ College)

Part III. Financial Aid/Student Account Agreement

Students participating in an Exchange Program may use all of their Concordia University financial aid (except work study), to fund the exchange program. Proof of registration is required prior to the disbursement of any funds.

Financial Aid Signature: _____ Date: ____ / ____ / ____

Bursar's Office Signature: _____ Date: ____ / ____ / ____

Part IV. International Department Approval

Global Programs: _____ Date: ____ / ____ / ____

Provost: _____ Date: ____ / ____ / ____
 (Needed if studying abroad with sophomore status)

Part V. Student Agreement

I agree to the guidelines for the Study Abroad Program and to its requirements and limitations.

Student Signature: _____ Date: ____ / ____ / ____

For Use by the Office of the Registrar
 Proof of Registration Copy of Schedule Enrolled Concurrently



INCOMING STUDENT EXCHANGE APPLICATION FORM

ELIGIBILITY

Applicants must:

- be currently enrolled as a student
- have completed at least one full year of undergraduate study
- have a good academic record – generally this means a GPA (or equivalent) of 2.75, B average or better (A lower GPA will require two additional letters of support from your University).

Upon successful application:

Students will be sent a Letter of Offer. The Offer will request acceptance in writing, and payment of tuition fees (if applicable) and Overseas Student Health Cover (OSHC) – an Australian Government requirement. Once these are received, a Confirmation of Enrolment (CoE) will be issued. Students then need to provide details of the CoE to their nearest Australian Embassy/High Commission/Consulate in order to apply for a student visa to study in Australia.

WHAT TO SUBMIT /CHECKLIST

- This Application Form – all sections completed clearly and legibly
- Original official academic transcripts from your home university or college – certified English language translations if applicable
- Certified* evidence of English language competency if English is not your first language, e.g. TOEFL, IELTS
- Statement of Purpose – see section 2 for more information

SECTION ONE – PERSONAL INFORMATION

Q1a Name of home institution:

Q1b PERSONAL DETAILS

Title (Dr, Mr, Mrs, etc.)

Male

Female

Family Name

Given Names

Note: On all official documentation your name will appear as Given Name/s, Family Name – if this is not how your name appears in your passport or birth certificate, please print your name as it appears on these documents.

DD MM YY

Date of Birth

Curtin Student ID (if previously a Curtin/WAIT student)

If your name has changed since you were last enrolled please print previous name.

Country Code

Area Code

Telephone

Email

Q1c STATISTICAL DETAILS

Have you previously visited Australia? Y N If yes, what year did you arrive?

What is your country of citizenship?

In which country were you born?

What is the main language spoken at your permanent home residence?

To help us better evaluate our marketing strategies, please indicate how you first heard about Student Exchange at Curtin

Website

Exhibition/fair

Partner Institution

Friend/relative

Agent

Other (please provide details)

Number and street

Suburb/Town/City

Country

State

Post/Zip code

MAILING ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS)

Number and street

Suburb/Town/City

Country

State

Post/Zip code

EMERGENCY CONTACT (TO BE COMPLETED BY APPLICANTS WHO ARE UNDER 18 YEARS OF AGE)

Full Name

Relationship

Telephone +

Q1e MEDICAL / DISABILITY NEEDS

The information below is used to assist University staff in monitoring, supporting and improving services to students with medical / disability requirements. Disclosing this information will not necessarily affect your admission to the University.

Do you have a disability, impairment or long-term medical condition which may affect your study?						Y	N
Hearing	Vision	Learning	Medical	Mobility	Other:		
Would you like to receive information on support services, equipment and facilities available that may assist you?						Y	N

SECTION TWO – ACADEMIC INFORMATION

Q2a EDUCATIONAL QUALIFICATIONS

Please provide details of all formal studies that you have completed and those that you are currently undertaking. You are required to supply an original copy of your academic transcript/s for all tertiary studies. Academic transcripts must contain an explanation of grading system descriptions.

Name of Qualification (e.g. GCE, 'O'/'A' Level, HSC, Degree)	Institution/School/University (e.g. Temasek Junior College)	Year Enrolled (e.g. 2006)	Year Completed (e.g. 2009 or not completing)	Date Results Expected (if applicable)
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Q2b ENGLISH LANGUAGE PROFICIENCY

Please provide details of all formal studies that you have completed and those that you are currently undertaking. You are required to supply an original copy of your academic transcript/s for all tertiary studies. Academic transcripts must contain an explanation of grading system descriptions.

GCE 'O' Level	IELTS	TOEFL	CUTE	ESL/ELACS
Other:				

Q2c DESIRED PERIOD OF STUDY

Year	1st Sem only (Feb-June)	2nd Sem only (July-Nov)	Full academic year (Feb-Nov)
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Q2d STATEMENT OF PURPOSE

Please provide a written Statement of Purpose (250 words – space provided on facing page) addressing the following questions:

- What kind of cultural differences do you expect to encounter during your proposed study in Australia?
- What effect do you think these differences will have on you, now and in the future, and how do you foresee coming to terms with them?
- What advantages and disadvantages do you think studying in Australia will bring to your life?

In considering the above questions, try to draw on previous experience that you have had, whether it be a cultural change you have experienced, a study or travel experience that has affected you, or knowledge that you gained from others who have influenced you.

Q2e UNIT SELECTIONS

List six to eight units that you would like to study at Curtin. Please ensure that the units you choose are available in the semester(s) that you will be studying in. For unit information, visit www.handbook.curtin.edu.au

Name of Unit

Unit Number

Name of Unit

Unit Number

Name of Unit

Unit Number

Name of Unit

Unit Number

Name of Unit

Unit Number

Name of Unit

Unit Number

Name of Unit

Unit Number

Name of Unit

Unit Number

SECTION THREE - FINANCIAL INFORMATION

Q3a HOW WILL YOU FINANCE YOUR STUDY IN AUSTRALIA?

Do you presently receive any scholarship or financial aid? N Y
If yes, what type? Amount

Q3b SPONSORED APPLICANTS

Do you presently receive any scholarship or financial aid? N Y If yes, please complete:

Organisation

Address

Country Code

Area Code

Telephone

SECTION FOUR - APPLICANT'S DECLARATION

APPLICANT'S DECLARATION AND SIGNATURE

- I declare that I have read the instructions on this application form and that the information I have provided is complete and correct.
- I understand that the information collected on this form is to enable Curtin University to assess my application, create a record on its student database, undertake statistical analysis, meet statutory reporting requirements and further inform me about the course to which I am applying as well as the University's other courses/events. The information will be accessed by University officers strictly for these purposes and disclosed to State and Australian Government agencies where required by law and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under the Education Services for Overseas Students Act 2000 and the National Code of that Act, and to contractors (such as mail houses) engaged by the University to perform services on its behalf. Where personal information is to be provided to contractors, the University will require that Confidentiality Agreements be first entered into.
- I accept that information supplied in this application may also be made available to a Curtin University overseas representative to provide assistance with my application and the University's preferred Overseas Student Health Cover provider to assist with effecting health insurance.
- I understand that if I do not complete all the questions on this form, it may not be possible for the University to process my application.
- I authorise Curtin University to obtain further academic information or official student records from any educational institution or recognised educational qualifications assessment body necessary and/or, where my work experience is relevant, to verify my employment history for the purpose of making an informed decision about my application.
- In the case of post graduate applications, I understand that the services of QualSearch may be engaged to verify my qualifications. I further understand that Curtin is not responsible if any educational body/institution does not supply these records, that the results of this search may be made available to me on request and an audit of this authority may also be undertaken.
- If I do not meet all the University's entry requirements, I authorise the University to provide my full application to Curtin College, a private college operated by Colleges of Business and Technology (WA) Pty Ltd. for consideration for the Curtin College preparatory program. I understand that successful completion of this program will help qualify me for admission into specified courses of Curtin University.
- I understand that I have the right to access and amend personal information that Curtin holds about me, subject to legislation, by contacting the Freedom of Information Coordinator at foi@curtin.edu.au.
- I acknowledge that Curtin University reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect, incomplete or fraudulent information.

Signature of Applicant

Date

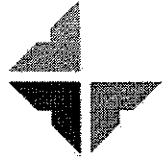
* Certified means witnessed by a Curtin Representative, a Notary Public, Commissioner for Declarations, Justice of the Peace or the Academic Registrar of the institution that issued the transcript. For further information refer to the Guidelines on Certification at http://students.curtin.edu.au/local/docs/certification_guidelines.pdf

Please return this form to:

Student Exchange Office
International Office
Curtin University
GPO Box S1512
Perth 6845 WA
CRICOS Provider Codes 00301J (WA), 02637B (NSW)

For further information:

Student Exchange Office
Tel: +61 8 9266 4059/4950
Fax: +61 8 9266 2605
Email: studyabroad@curtin.edu.au
Web: www.studyabroad.curtin.edu.au



Release and Hold Harmless Agreement/Waiver of Liability Form

I, the undersigned participant, request voluntary participation for myself to participate in the _____ activity on _____ (date) which begins at _____ (time) and ends at _____ (time) Sponsored by Concordia University Irvine all of which are hereafter referred to as the "activity".

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from Concordia University Irvine and the officers, employees, and agents of each of them and consent to use of photographs, pictures, slides, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all the risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify Concordia University Irvine and the officers, directors, employees, and agents of each of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against Concordia University Irvine and the officers, directors, employees, and agents of each of them arising out of my participation in the activity and hereby forever release, hold harmless, and discharge Concordia University Irvine and the officers, directors, employees, and agents of each of them from all liability in connection therewith except as such loss or damage which was caused by the sole negligence or willful misconduct of Concordia University Irvine and its officers, directors, employees, representatives and volunteers, and the officers, directors, employees, and agents of each of them.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Concordia University Irvine and the officers, directors, employees and agents of each of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

_____ Emergency contact name (print)	_____ (Area Code) Phone Number	_____ Participant's Signature	_____ Date
_____ Relationship to participant		_____ Participant's Name (Print)	_____ (Area Code) Phone Number
		_____ Address	_____ City/state Zip

List medical/prescription information below:

