



### 1. 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
Citizenship	
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?	

### 2. Program 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.)	
Do you wish to be considered for advanced standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you do not meet the admission requirements would you like UWA to offer you a pathway to your chosen course?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. 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.)	
Have you completed this qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Completion	
Overall result	

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

Are you currently enrolled in a tertiary program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	
Name of institution	
Degree program (Bachelor/Master/etc.)	
Name of program/study area	
Proposed end date	_____/_____/_____ (mm/yyyy)
Proposed final grade	
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	
End date	_____/_____/_____ (mm/yyyy)
Final grade	

#### 5. 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 (overall, l, r, w, s)	
If no, what other type of evidence are you submitting?	

#### 6. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
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"/> _____
Country of citizenship	

## 7. Address Details

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

## 8. 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)
----------------------------------	--

## 9. Declaration

All applicants must read the following declaration. Signing below 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)