



Outbound Student Exchange Program Application Form

PART ONE

Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes where appropriate. These forms can be handed in to the Study Abroad Office on your home campus or emailed to studyabroad@nd.edu.au.

The University of Notre Dame Australia welcomes applications from students who wish to spend a semester studying abroad at one of our partner institutions.

Semester 1 applications need to be submitted by 1st June the year prior to intended overseas study.

Semester 2 applications need to be submitted by 1st November the year prior to intended overseas study.

1. PERSONAL INFORMATION

1.1	Title	Family name	Given name	Middle names
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile number	Student ID number		
	<input type="text"/>	<input type="text"/>		Are you a student visa holder? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. SEMESTER ABROAD

2.1 Indicate which semester you wish to study abroad. Please note you may only apply for one semester at a time and study abroad is limited to one semester only for successful applicants.

Semester 1, February to June (Spring) Year Semester 2, July to November (Fall) Year

2.2 Indicate in order of preference which host institutions you wish to attend. Please list at least two choices.

3. PASSPORT DETAILS

3.1	Passport number	Expiry date	Country of citizenship
	<input type="text"/>	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	<input type="text"/>

4. CONTACT PERSON (I authorise the University to contact this person in case of emergency)

4.1 Relationship to you

4.2	Title	Family name	Given name	Middle names
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.3 Number and street

Telephone (home) Telephone (work)

Mobile Email

5. ACADEMIC RECORD

5.1	Program you are currently enrolled in	Major
	<input type="text"/>	<input type="text"/>
	Minor/Second Major	Expected date of graduation (mm/yyyy)
	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

6. ACADEMIC PROGRAM

6.1 For single degree students
Are courses available at the partner institutions you listed at question 2 that will contribute towards your Notre Dame degree? Yes No

6.2 For double degree students
Are courses available that will contribute towards your Notre Dame degree?
 Yes courses are available that will contribute to BOTH of my degree programs
 Yes courses are available that will contribute to ONE of my degrees programs.
 No

It is important to discuss your desire to study abroad with your Program Coordinator and to consider which program may be studied abroad and the impact study abroad could have on your degree.

Course Coordinator's signature

Date

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If you are having difficulties locating course offerings online please contact Notre Dame's Study Abroad Office studyabroad@nd.edu.au. Please do not contact the partner institution directly.

7. PERSONAL STATEMENT

In 300-500 words describe why you would like to study abroad for a semester. Use this opportunity to discuss your personal, academic and social goals as well as how you see overseas study impacting on your degree program and influencing your future.

8. SPECIAL INTERESTS

8.1 Please describe any involvement in community service or church activities.

8.2 Please describe any part-time or vacation employment.

8.3 Please describe any leadership positions you have held and/or any involvement with clubs or student societies.

8.4 Please list any sports in which you participate.

8.5 Please list any special activities you would like to participate in during your semester abroad in addition to your studies.

9. RECOMMENDATIONS

Using the Outbound Student Exchange Program Letter of Recommendation Form on the Study Abroad website www.notredame.edu.au/international/outbound Please provide two recommendations from staff at Notre Dame. These letters of recommendation can be included with this application or emailed directly to studyabroad@nd.edu.au.

10. DOCUMENTATION CHECKLIST

Please tick this checklist to ensure that your application is complete before signing and dating the declaration and submitting your application. ONLY APPLICATIONS WITH ALL REQUIRED DOCUMENTS ATTACHED WILL BE PROCESSED. Please note that submitted documents will not be returned.

I have:

- read and understood *Policy: Outbound Study Abroad Exchange Program*.
- completed all sections of this application form.
- attached a personal statement of at least 300 words in length (max 2x A4 pages).
- attached an unofficial academic transcript.
- attached two letters of recommendation (at least one must be academic).
- attached a completed Study Abroad Medical Report Form.
- signed and dated the declaration.

11. DECLARATION You must sign and date the declaration below.

I declare that, to the best of my knowledge, the information I have supplied in this application and the documentation supporting it is correct and complete. I understand that the provision of incorrect information or documentation or the withholding of relevant information or documentation relating to this application may result in the cancellation of my enrolment at, or an offer of enrolment for, The University of Notre Dame Australia's Outbound Student Exchange Program. I have read and understood the sections of this form relating to course selection, application procedures, fees, and policies. I undertake to make timely payments of any fees or associated costs for which I am liable. I am aware of the likely costs of my exchange semester and have the necessary financial capacity to meet such costs for the duration of my course.

Applicant's signature

Date

PRIVACY STATEMENT

The information provided in this form will only be used for the administrative or educational purposes of the University, or in accordance with your specific consent. The University will not disclose your personal information to a third party unless required to or permitted by law or where you have consented to the disclosure. Information relating to how the University collects, uses or discloses your personal information and how you may complain about the University's handling of your personal information is contained in the University's Privacy Policy at notredame.edu.au/home/privacy. You have a right to access your personal information that the University holds about you and to seek its correction. If you wish to access your personal information or inquire about the handling of your personal information, please contact the relevant Campus Registrar via email: Fremantle.Registrar@nd.edu.au (for Broome / Fremantle Students), or Sydney.Registrar@nd.edu.au (for Sydney Students).

HOW TO SUBMIT APPLICATION

Completed application forms, together with transcripts and all requested documentation, should be submitted to the Study Abroad Office on your home campus. Students on the Broome Campus should submit applications and enquiries related to Study Abroad to the Study Abroad Office in Fremantle. For further information, contact details are:

The University of Notre Dame Australia
Study Abroad Office, Fremantle Campus
26 Mouat Street (PO BOX 1225)
Fremantle, WA 6959
Tel: +61 8 9433 0108
Email: studyabroad@nd.edu.au
notredame.edu.au
CRICOS Provider Code: 01032F

The University of Notre Dame Australia
Study Abroad Office, Sydney Campus
140 Broadway (PO BOX 944)
Chippendale, NSW 2007
Tel: +61 2 8204 4137
Email: studyabroad@nd.edu.au
notredame.edu.au
CRICOS Provider Code: 01032F

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The purpose of this form is to determine your health history and any special medical needs you may have when you study abroad. Information provided will be treated confidentially. A copy of this form will be given to your host institution for the purpose of serving you as promptly and correctly as possible, should you require medical or counselling services during your semester abroad.

1. STUDENT DETAILS To be completed by applicant

1.1	Title	Family name	Given name	Second/Middle name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
1.2	Name of Primary Physician Clinic			Telephone
	<input type="text"/>			<input type="text"/>

2. GENERAL HEALTH

- 2.1 Are you generally in good physical condition? Yes No
 Are you currently being treated for any physical condition? Yes No
 Do you have a heart condition? Yes No
 Are you a diabetic? Yes No
 Do you have asthma? Yes No
 Do you have, or have you had, any eating disorders? Yes No

2.2 What diseases have you had in the past five years (if any)? Please list

2.3 Do you have any allergies to foods, medications, environmental factors, insects, etc? Yes, please list No

2.4 Are you taking any medications? Yes, please list No

2.5 Are you on a restricted diet (vegetarian, diabetic, allergies)? Yes, please list No

2.6 Do you anticipate needing any health care or counselling while abroad? Yes, please list No

3. DISABILITY SUPPORT

- 3.1 Do you have a Learning Access Plan (LAP) or Intervention Strategy in place at Notre Dame?* Yes, please list No

* You are not required to answer this question, however, this information is important because any LAP will not “automatically” transfer to your study abroad semester but it may be possible to negotiate with the relevant support office at the host institution.

4. FURTHER INFORMATION

- 4.1 If there is any additional health information that you feel would be helpful for the University to be aware of during your study abroad experience, please provide details below.

4. MEDICAL INSURANCE

I understand that I must be insured for any medical expenses, including evacuation back to Australia, which I may incur while I participate in the Outbound Student Exchange Program.

I certify that all responses made on this Medical Report form are true and accurate, and I will notify The University of Notre Dame Australia's representatives hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that this form is for information purposes only and in no way implies that The University of Notre Dame Australia takes responsibility for my health.

Applicant's signature

Date

PRIVACY STATEMENT

The information provided in this form will only be used for the administrative or educational purposes of the University, or in accordance with your specific consent. The University will not disclose your personal information to a third party unless required to or permitted by law or where you have consented to the disclosure. Information relating to how the University collects, uses or discloses your personal information and how you may complain about the University's handling of your personal information is contained in the University's Privacy Policy at notredame.edu.au/home/privacy. You have a right to access your personal information that the University holds about you and to seek its correction. If you wish to access your personal information or inquire about the handling of your personal information, please contact the relevant Campus Registrar via email: Fremantle.Registrar@nd.edu.au (for Broome / Fremantle Students), or Sydney.Registrar@nd.edu.au (for Sydney Students).