

# STUDY ABROAD / EXCHANGE APPLICATION FORM

(This form to be used for WA-based on-campus study only)\*



You can now apply online at <http://www.ecu.edu.au/student/admissions/apply/>

Please use the following course codes:

X01 - Study Abroad Undergraduate    X02 - Study Abroad Postgraduate    X05 - Exchange Studies Undergraduate    X06 - Exchange Studies Postgraduate

## Name and contact information

1. Family Name: \_\_\_\_\_

2. Given Name/s: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

3. Full name as appears in passport: \_\_\_\_\_

4. Correspondence Address: \_\_\_\_\_

Telephone: (Country Code) \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Phone No) \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Facsimile: (Country Code) \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Phone No) \_\_\_\_\_

5. Home Country Address: (If different from above) \_\_\_\_\_

Telephone: (Country Code) \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Phone No) \_\_\_\_\_

Facsimile: (Country Code) \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Phone No) \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Date of Birth:

7. Sex: Male  Female

8. Country of Birth: \_\_\_\_\_

9. Nationality/Citizenship: \_\_\_\_\_

## Proposed program

10. Study Abroad (Fee paying)  Exchange (From partner institution)

11. Commencement Year: \_\_\_\_\_ Semester 1 (Feb)  Semester 2 (July)

12. Duration of study time at ECU: One Semester  Two Semesters

## English language proficiency

13. What is the main language spoken in your home? \_\_\_\_\_

14. Please provide proof of competence in English Language. You must attach certified evidence to show that your English ability meets our requirements, e.g. IELTS or TOEFL; GCE O Level.

Have you completed, or are you currently completing, a degree or other tertiary qualification in English? Yes  No

## Qualifications

15. Please attach certified copies of all academic records. **A certified copy is a photocopy stamped and signed by a public notary or education institution representative.**

Please list all qualifications obtained starting from your final secondary year.

Name of Institution	Name of Award	Course Duration	Years Attended From/To	Completed Y/N
			/	
			/	
			/	
			/	

CRICOS Institution Provider Code 00279B.

Agent/Partner Stamp/Contact Details

**Blueberry World Wide**  
**Grev Turegatan 35**  
**114 38 STOCKHOLM**  
**Tel: 08-442 67 60**  
**www.blueberry.nu**




## Other information

16. Disability Declaration: Do you have a disability or any long term medical condition which may affect your studies? Yes  No

If yes please indicate the area of impairment to enable the University to provide assistance:

Hearing  Learning  Mobility  Vision  Medical

Other: please indicate \_\_\_\_\_

17. Home Country Emergency Contact

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Country Code) \_\_\_\_\_ (Area Code) \_\_\_\_\_ (Phone No) \_\_\_\_\_

Address: \_\_\_\_\_

18. Do you permit ECU to provide information to your nominated sponsor/guardian or scholarship body? Yes  No

## 19. Declaration

1. I declare that the information provided by me in this application is true and correct. I acknowledge that Edith Cowan University reserves the right to make such enquiries as may be reasonably necessary to verify the information provided by me in this application including, with regard to my educational qualifications.
2. I understand that providing false and misleading information to obtain admission and/or credit into a course is an offence.
3. I confirm
  - (a) I have made my own enquiries as to the suitability of the course that I am seeking to be enrolled; and
  - (b) that it is my sole responsibility to ensure that my enrolment is in accordance with the Admissions Enrolment and Academic Progress Rules of Edith Cowan University.
4. I acknowledge and agree that the information provided by me to Edith Cowan University may be provided to Commonwealth and State agencies when required by law.
5. If I am admitted into a course with Edith Cowan University I agree to comply with the Statutes, By-laws, Rules and Regulations of Edith Cowan University.
6. I acknowledge I have had the opportunity to peruse the Statutes, By-laws, Rules and Regulations of Edith Cowan University at: [http://www.ecu.edu.au/GPPS/governance\\_services/legislation.html](http://www.ecu.edu.au/GPPS/governance_services/legislation.html).
7. I acknowledge that official communication by Edith Cowan University to me will be by electronic means unless alternative communication arrangements have been agreed by ECU.
8. I agree to notify ECU of any changes to my residential addresses whether in Australia or another country and to any change in the contact information in the event of an emergency.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit: 1. Application Form  
2. Original or Certified Academic Documents  
3. Original or Certified English Proficiency Documents (if applicable)

By e-mail: [study.abroad@ecu.edu.au](mailto:study.abroad@ecu.edu.au)

By mail: ECU International, Edith Cowan University, 270 Joondalup Drive, Joondalup 6027, Western Australia.

There is no university application fee payable.