

Nazareth College. *The Heart of Excellence.*

Center for International Education

Application for Admission Australia Exchange Program (PLEASE PRINT)

_____/_____/_____/_____/_____/_____
Last Name First Name Middle Init. Date of Birth dd/mm/yy Social Security No.

Address during school term

Name of college or university you are presently attending

_____/_____/_____/_____/_____/_____
Your college address: *P.O. Box or street* *apt. no.* *city* *state* *zip*

(_____)_____/_____/_____/_____/_____/_____
Your tel. no. at college Your college email address Latest date you can be reached at college dd/mm/yy

_____/_____/_____/_____/_____/_____
Your permanent (home) address: *street* *city* *state* *zip*

(_____)_____/_____/_____/_____/_____/_____
Your tel. no. at home Your email at home **Applying for: (US Acad. Yr.):** 20____ - 20____
Sem. 1: Feb-June _____ Sem. 2: Aug-Nov _____

Age at beginning of Program: _____ Your Major: _____ Your Minor (Concentration): _____

_____/_____/_____/_____/_____/_____
High school attended *City* *State* Give yrs. attended

_____/_____/_____/_____/_____/_____
College # 1 attended *City* *State* Give yrs. Attended Over all GPA

_____/_____/_____/_____/_____/_____
College #2 attended *City* *State* Give yrs. Attended Over all GPA

Major Reference
(Professor, Faculty Advisor, Student Dean)
Name _____
Title _____
Coll./Univ. _____
Address _____

Personal Reference
(H.S. Teacher, community member; not a relative or partner)
Name _____
Title _____
Coll./Univ. _____
Address _____

1. Send the US\$200 application fee (non-refundable) for each semester, payable to: **Nazareth College, Australia Exchange Program**. This fee will be credited towards the total cost of the Program:
US\$ _____ returned for one semester US\$ _____ returned for two semesters
2. **Visiting Students:** send an **official transcript** of previous college work, which you must request in writing from your Registrar, to be sent by the Registrar directly to the Center for International Education.

Applicant's signature Date signed

Nazareth College reserves the right to cancel the program at any time for programmatic reasons.

Return to: **Dr. George Eisen, Executive Director** (Email: global@naz.edu)
Center for International Education (Tel.: 585-389-2371)
Nazareth College of Rochester
4245 East Avenue
Rochester, NY 14618-3790

How to Apply

Complete Form

Please fill out the attached application form and return it to the Center for International Education, Nazareth College. Applications approved by Nazareth College will be forwarded to the International Education Office of Australian Catholic University.

If your application is successful you will be sent a Letter of Offer detailing the courses you have been accepted into and any further information you may require.

Choosing Units

As there is no guarantee that particular courses will be available in a semester or that there will be a place available, please indicate your first 5 choices. You will be informed before arrival in Australia of the courses that the University is likely to be able to offer you, though there may be some minor changes at official enrolment after your arrival.

Application deadlines in Australia and at Nazareth College are:

Semester 1 - November 30 **(Nazareth deadline !: October 15)**

Semester 2 - April 30 **(Nazareth deadline !: March 15)**

Obtaining a Student Visa

All international students in Australia are required to have a Student Visa. Students should make initial enquiries at the nearest Australian Diplomatic Post.

Upon approval from the Head of Department and receipt of the health cover payment from the student the University will issue a Confirmation of Enrolment statement. This will be required by the Australian Diplomatic Post issuing the Visa as proof of acceptance into the course.

Students who are undertaking a short summer or winter school of less than three months may travel to Australia on a tourist visa. Such students should ensure they have medical (travel) insurance for their visit.



AUSTRALIAN CATHOLIC UNIVERSITY

APPLICATION FORM

INTERNATIONAL EDUCATION - STUDENT EXCHANGE

Before completing this form please refer to the Student Exchange Guide

Application for: Internship Summer (US) School
Exchange

Period of proposed program: _____
(eg. Semester 1, 2003 (February) until Semester 2, 2003 (June))

COURSE PREFERNCES (Please list at least 5)

1. Unit		Location (Campus)	
2. Unit		Location (Campus)	
3. Unit		Location (Campus)	
4. Unit		Location (Campus)	
5. Unit		Location (Campus)	
6. Unit		Location (Campus)	

FIELD EXPERIENCE

- Nursing Sports Training Social Work
 Teaching Sports Administration Counselling

Preferred dates to undertake the field study

from / / 20 to / / 20

PERSONAL DETAILS

Family Name _____

Given Names _____

Previous Family Name (if changed) _____

Sex Male Female Date of Birth day month year

Telephone Number (include area code) Home: _____

Work/Business: _____ Fax (if available) _____

Email: _____

What is your country of permanent residence? _____

Postal Address (home country)

Do you have a disability for which additional assistance may be required? Yes No

If “yes” please attach a separate sheet outlining this disability and assistance required.

Previous Studies

Please attach certified copies of all relevant academic records (i.e., official transcripts). If originals are in a language other than English please attach certified translations. Documents should include the grading system used, and information about it should be attached.

ACADEMIC RECORD

Tertiary Studies

Name of Current University/ College _____

Name of Study Abroad Adviser at your University/ College _____

Name of degree/ award _____

Major subject area _____ Minor subject area _____

Cumulative GPA (American applicants) _____

What year of course are you currently in? _____

What year do you expect to graduate? _____



ACADEMIC SUPERVISOR'S APPROVAL

Is the student approved to undertake an Exchange Program at Australian Catholic University?

Yes

Will the credits earned by the student in this program be recommended for credit towards an award by your University?

Yes

The student must pass with an average of _____ grades per course (ie. HD, D, C, P)

Name of Academic supervisor: _____

Position at Institution: _____

_____/_____/20_____
Signed Date

STUDENT DECLARATION

I declare that, to the best of my knowledge, all information on this form is complete and accurate. I understand that the University may obtain records from any institution attended by me and provide information to other institutions or government bodies. I also understand that the University reserves the right to vary any decision made on the basis of incorrect or incomplete information supplied by me.

Further, I declare that I have read the information in the Student Exchange Guide, and am satisfied with the level of services and facilities as described therein.

_____/_____/20_____
Signed Date

Preferred Accommodation

Homestay Please return attached form with application

Hostel

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- certified copies of all previous tertiary studies (a full academic transcript showing all subjects attempted)
- Certified translations of original documents where these are not on English
- If applicable, evidence of English language proficiency (ie. IELTS or TOEFL)
- Income Statement (evidence of minimum of \$3000AUD required)
- Written statement (300 words or less) on you.

“How my friends would describe me and their reaction when I told them I was going to study in Australia for a semester”.

NB. Applications must be submitted by November 30 for Semester 1 intake and April 30 for semester 2 intake to ACU. (These deadlines apply only for ACU purposes. Applicants must observe Nazareth College deadlines.) Submit applications to Nazareth College, not to ACU in Australia.

International Education Office
Australian Catholic University
PO Box 968
North Sydney NSW 2059
AUSTRALIA
Fax: 61 2 9739 2001