

APPLICATION FORM FOR A STUDY ABROAD SEMESTER AT NOTRE DAME

Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes where appropriate.
These forms can be included with your application or faxed directly to: Study Abroad Office, The University of Notre Dame Australia. Fax: 011 8 9 433 0544

APPLICATION PROCESS											
<p>Notre Dame Australia welcomes applications from students who wish to spend a semester of study abroad at our university. Notre Dame Australia will only accept those students who have applied through and been recommended by their own university's Study Abroad/International Studies office. As part of this process, students are requested to complete the following application form and, after approval from their home university send them to the Study Abroad Office at the University of Notre Dame Australia.</p>											
SEMESTER (Indicate which semester you wish to study at Notre Dame Australia.)											
<input type="checkbox"/> (US) Winter (Summer Term -January) Year _____ (in conjunction with Semester 1) <input type="checkbox"/> (US) Spring (Semester 1 – February to June) Year _____ <input type="checkbox"/> (US) Fall (Semester 2 –July to November) Year _____ <input type="checkbox"/> (US) Summer (Winter Term – June to August) Year _____											
CAMPUS (Indicate which campus you wish to study at Notre Dame Australia.)											
<input type="checkbox"/> Fremantle <input type="checkbox"/> Sydney (please note residential accommodation is not part of the study abroad program)											
PERSONAL INFORMATION											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE eg. Mr/Ms/Mrs</td> <td style="width: 40%;">SURNAME/FAMILY NAME</td> <td style="width: 40%;">GIVEN NAMES</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>		TITLE eg. Mr/Ms/Mrs	SURNAME/FAMILY NAME	GIVEN NAMES	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>				
TITLE eg. Mr/Ms/Mrs	SURNAME/FAMILY NAME	GIVEN NAMES									
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>									
PREFERRED NAME											
<input style="width: 95%;" type="text"/>											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DATE OF BIRTH (day/month/year)</td> <td style="width: 35%;">COUNTRY OF BIRTH</td> <td style="width: 35%;">NATIONALITY (as on passport)</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>		DATE OF BIRTH (day/month/year)	COUNTRY OF BIRTH	NATIONALITY (as on passport)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>				
DATE OF BIRTH (day/month/year)	COUNTRY OF BIRTH	NATIONALITY (as on passport)									
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 25%; vertical-align: top;">Contact Address: (the address where you can be contacted most times)</td> <td style="width: 25%;">Number: _____</td> <td style="width: 25%;">Street: _____</td> <td style="width: 25%;"></td> </tr> <tr> <td>City/Town: _____</td> <td>State: _____</td> <td>Zip Code: _____</td> </tr> <tr> <td colspan="3">Country: _____</td> </tr> </table>		Contact Address: (the address where you can be contacted most times)	Number: _____	Street: _____		City/Town: _____	State: _____	Zip Code: _____	Country: _____		
Contact Address: (the address where you can be contacted most times)	Number: _____		Street: _____								
	City/Town: _____		State: _____	Zip Code: _____							
	Country: _____										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Contact Phone Numbers:</td> <td style="width: 25%;">Home: <input style="width: 95%;" type="text"/></td> <td style="width: 25%;">Other: <input style="width: 95%;" type="text"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>(include all dialling codes)</td> <td>Fax: <input style="width: 95%;" type="text"/></td> <td>Email: <input style="width: 95%;" type="text"/></td> <td></td> </tr> </table>		Contact Phone Numbers:	Home: <input style="width: 95%;" type="text"/>	Other: <input style="width: 95%;" type="text"/>		(include all dialling codes)	Fax: <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>			
Contact Phone Numbers:	Home: <input style="width: 95%;" type="text"/>	Other: <input style="width: 95%;" type="text"/>									
(include all dialling codes)	Fax: <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>									
CONTACT PERSON (I authorise the university to contact this person in case of emergency)											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE eg. Mr/Ms/Mrs</td> <td style="width: 40%;">SURNAME/FAMILY NAME</td> <td style="width: 40%;">GIVEN NAMES</td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>		TITLE eg. Mr/Ms/Mrs	SURNAME/FAMILY NAME	GIVEN NAMES	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>				
TITLE eg. Mr/Ms/Mrs	SURNAME/FAMILY NAME	GIVEN NAMES									
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 25%; vertical-align: top;">Contact Address:</td> <td style="width: 25%;">Number: _____</td> <td style="width: 25%;">Street: _____</td> <td style="width: 25%;"></td> </tr> <tr> <td>City/Town: _____</td> <td>State: _____</td> <td>Zip Code: _____</td> </tr> <tr> <td colspan="3">Country: _____</td> </tr> </table>		Contact Address:	Number: _____	Street: _____		City/Town: _____	State: _____	Zip Code: _____	Country: _____		
Contact Address:	Number: _____		Street: _____								
	City/Town: _____		State: _____	Zip Code: _____							
	Country: _____										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Relationship To You:</td> <td style="width: 12.5%;"><input type="checkbox"/> Mother</td> <td style="width: 12.5%;"><input type="checkbox"/> Father</td> <td style="width: 12.5%;"><input type="checkbox"/> Legal Guardian</td> <td style="width: 12.5%;"><input type="checkbox"/> Brother</td> <td style="width: 12.5%;"><input type="checkbox"/> Sister</td> <td style="width: 12.5%;"><input type="checkbox"/> Friend</td> </tr> </table>		Relationship To You:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Friend			
Relationship To You:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Friend					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Contact Phone Numbers:</td> <td style="width: 25%;">Home: <input style="width: 95%;" type="text"/></td> <td style="width: 25%;">Other: <input style="width: 95%;" type="text"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>(include all dialling codes)</td> <td>Fax: <input style="width: 95%;" type="text"/></td> <td>Email: <input style="width: 95%;" type="text"/></td> <td></td> </tr> </table>		Contact Phone Numbers:	Home: <input style="width: 95%;" type="text"/>	Other: <input style="width: 95%;" type="text"/>		(include all dialling codes)	Fax: <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>			
Contact Phone Numbers:	Home: <input style="width: 95%;" type="text"/>	Other: <input style="width: 95%;" type="text"/>									
(include all dialling codes)	Fax: <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>									
ACADEMIC RECORD											
<p>Major: _____</p> <p>Minor/Second Major: _____</p> <p>PLEASE ATTACH YOUR CURRENT ACADEMIC TRANSCRIPT WHICH INCLUDES A STATEMENT OF YOUR CURRENT ENROLMENT.</p>											
PERSONAL STATEMENT											
<p>On a separate sheet describe why you have selected this program and what you wish to achieve by applying for this opportunity to study abroad. Use this as an opportunity to introduce yourself and to discuss your personal and academic goals and qualifications which influenced your decision to apply to participate in this program. Include any contributions that you think you will be able to make to the program. Treat this as an opportunity to introduce yourself.</p>											

APPLICATION FORM FOR A STUDY ABROAD SEMESTER AT NOTRE DAME (Continued)

SPECIAL INTERESTS

PLEASE DESCRIBE ANY INVOLVEMENT IN COMMUNITY SERVICE OR CHURCH ACTIVITIES.

PLEASE DESCRIBE ANY PART-TIME OR VACATION EMPLOYMENT.

PLEASE DESCRIBE ANY LEADERSHIP POSITIONS YOU HAVE HELD AND/OR ANY INVOLVEMENT WITH CLUBS OR STUDENT SOCIETIES AT YOUR HOME UNIVERSITY.

PLEASE LIST ANY SPORTS IN WHICH YOU PARTICIPATE.

PLEASE LIST ANY SPECIAL ACTIVITIES YOU WOULD LIKE TO PARTICIPATE IN DURING YOUR SEMESTER ABROAD IN ADDITION TO YOUR STUDIES.

RECOMMENDATIONS

Using the attached forms, please provide two recommendations from someone who knows you well and recently - either a faculty member who has taught you, your academic advisor, a residential supervisor or other professional person.

These forms can be included with this application or faxed directly to:

Study Abroad Office
University of Notre Dame Australia
Fax number: 011 61 8 9433 0544

DECLARATION

I, _____, certify that all information included in my application is factually correct.

Signed (Student) _____ Date (day/month/year) _____ / _____ / _____

CHECKLIST

Please make sure that you have included:

- Completed Application form
- Personal Statement
- Current Academic Transcript
- Official Statement of current enrolment
- 2 Recommendations
- 2 Passport size photos (Name printed on the back, please)

Privacy Statement: The information provided in this form will be used for the purposes of, and in relation to, your potential enrolment at The University of Notre Dame Australia. Where the privacy principles apply, the University restricts access to those staff members who may need the information in the carrying out of their responsibilities in the academic and/or personal interests of the student. The University does not provide, by commercial arrangement or otherwise, the personal information of students or other stakeholders except in the following cases:

- a) when authorised in writing to do so, and b) where required or authorised by law to government and regulatory authorities; credit reporting and fraud-checking agencies; to your authorised representatives (e.g. legal representatives).



STUDY ABROAD MEDICAL REPORT FORM

Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes where appropriate.
These forms can be included with your application or faxed directly to: Study Abroad Office, The University of Notre Dame Australia,
Fax: 011 8 9 433 0544

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 the Notre Dame Australia Admissions Manager for the purpose of serving you as promptly and correctly as possible, should you require medical or counselling services during your term abroad.

TO BE COMPLETED BY APPLICANT:

Name:	
Name of Primary Physician Clinic:	
Are you generally in good physical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently being treated for any physical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a heart condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have, or have you had, any eating disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What diseases have you had in the past five years (if any)? Please list:	
Have you ever been treated for an emotional disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any allergies to foods, medications, environmental factors, insects, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
Are you taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
Are you on a restricted diet (vegetarian, diabetic, allergies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
Do you anticipate needing any health care or counselling while abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If there is any additional health information that you feel it would be helpful for the University to be aware of during your study abroad experience, then please provide details on the next page.	

