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.

Indicate which semester you wish to commence study at Notre Dame Australia.

- Summer Term, January Year (in conjunction with Semester 1)
- Semester One, February to June Year
- Semester Two, July to November Year
- Winter Term, June to August Year

Indicate which campus you wish to commence study at Notre Dame Australia.

- Fremantle
- Sydney (please note residential accommodation is not part of the study abroad program)
- Broome (please note only Arts, Nursing and Education units offered)

Personal Information

Title eg. Mr/Ms/Mrs Surname/Family name Given name Second/Middle name

Preferred first name Gender Male Female

Date of birth (in full eg. 20 Sept. 1989) Country of birth Nationality (as on passport)

Contact Details

The address where you can be contacted most times

Number & street Town/Suburb/City State Country Zip code

Country & area code Home telephone Country & area code Other telephone

Country & area code Facsimile Email

Contact Person

I authorise the University to contact this person in case of emergency

Title eg. Mr/Ms/Mrs Surname/Family name Given name Second/Middle name

Relationship to you Mother Father Legal Guardian Brother Sister Friend

Number & Street Town/Suburb/City State Country Zip code

Country & area code Home telephone Country & area code Other telephone

Country & area code Facsimile Email

Academic Record

Major

Minor/Second Major

PLEASE ATTACH YOUR CURRENT ACADEMIC TRANSCRIPT WHICH INCLUDES A STATEMENT OF YOUR CURRENT ENROLMENT.
Personal Statement

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 at The University of Notre Dame Australia. 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.

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, The University of Notre Dame Australia
Facsimile: 011 61 8 9433 0544

Declaration

I, [Student Name], hereby certify that all information included in my application is factually correct.

Student signature: __________________________ Date (dd/mm/yyyy): __/__/____

Checklist

Please make sure that you have included:

☑ Completed Application form
☑ Current Academic Transcript
☑ Personal Statement
☑ A copy of your passport (Are you in the process of applying for a passport? ☐ Yes)
☑ Two Recommendations
☑ Official Statement of current enrolment
☑ Passport size photos with name printed on the back

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).
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

<table>
<thead>
<tr>
<th>Title eg. Mr/Ms/Mrs</th>
<th>Surname/Family name</th>
<th>Given name</th>
<th>Second/Middle name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Primary Physician

<table>
<thead>
<tr>
<th>Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

[Blank Line]

[Blank Line]

Have you ever been treated for an emotional disorder?  
- Yes
- No

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

If yes, please list

[Blank Line]

[Blank Line]

Are you taking any medications?  
- Yes
- No

If yes, please list

[Blank Line]

[Blank Line]

Are you on a restricted diet (vegetarian, diabetic, allergies)?  
- Yes
- No

If yes, please list

[Blank Line]

[Blank Line]

Do you anticipate needing any health care or counselling while abroad?  
- Yes
- 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 below.

**Comments/Explanation from the front of this form**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Medical Insurance

It is a requirement of the Australian Government that all overseas students have Overseas Student Health Cover. Insurance with OSHC Worldcare is arranged on your behalf by The University of Notre Dame Australia. In addition, Study Abroad students are strongly recommended to retain their own medical insurance policy while they are abroad. I am insured for any medical expenses, including evacuation back to home country, which I may incur while I participate in the Program.

This policy is with:

Insurance company          Policy number
Number & street     Town/Suburb/City
State                          Country          Zip code

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 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.

Student signature                Date (dd/mm/yyyy)    /    /

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).
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. Facsimile: +61 8 9433 0544

**STUDY ABROAD LETTER OF RECOMMENDATION**

**Student**

**Introduction:** Please complete the information requested below, then request your referee to complete the remainder of this form and return it to the Study Abroad Office, The University of Notre Dame Australia, PO Box 1225 Fremantle, 6959, Western Australia. It may be faxed to the same office on (IDD) 61 8 9433 0544.

**Student Name**

<table>
<thead>
<tr>
<th>Title eg. Mr/Ms/Mrs</th>
<th>Surname/Family name</th>
<th>Given name</th>
<th>Second/Middle name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of the person writing the letter of recommendation

Capacity in which this person has known the applicant

Length of time this person has known the applicant

Student signature

Date (dd/mm/yyyy)  /   /

**Referee**

**Introduction:** The student presenting you with this form is applying for a Study Abroad Program sponsored by The University of Notre Dame Australia, Fremantle, Western Australia. Many factors are considered in the selection and approval of the applicants for study abroad. As one familiar with the academic and personal characteristics of the applicant, you are asked to assist us in the selection by your candid appraisal of the candidate’s qualifications.

1. How would you rate this student as a candidate for a one semester Study Abroad Program in Australia.
   - [ ] Very suitable
   - [ ] Suitable
   - [ ] Not suitable

2. Please complete the following table by ticking the appropriate box below:

<table>
<thead>
<tr>
<th>In Comparison to the other Students</th>
<th>Truly excels in this area</th>
<th>Is better than most students</th>
<th>Is somewhat better than average</th>
<th>Typical of students I know</th>
<th>Is somewhat weaker than average</th>
<th>Is weaker than most students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to adapt to a new environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to accept personal responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to make new friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest in and tolerance of new ideas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work with persons in authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General self-discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to the needs/rights of others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall maturity and judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Please add any relevant comments about this applicant.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Signature

Date (dd/mm/yyyy)  /   /

[Attached]