



International Centre
The University of Western Australia
Bachelor of Science Singapore Program
Application to Transfer to Crawley Campus

*CRICOS
 Provider No:
 00126G*

FAMILY NAME: _____ UWA STUDENT NUMBER: _____

OTHER NAME/S: _____ TITLE: (Ms, Mr, Miss etc) _____

POSTAL ADDRESS: _____
All mail will be sent to this address.

TELEPHONE NO: _____ EMAIL: _____

DATE OF BIRTH: _____ / _____ / _____ (Day/Month/Year)

Do you have any disability/ies or chronic illness/es which will require special consideration to assist you while studying at the Crawley Campus?

NO YES *If yes, please attach relevant documentation.*

CITIZENSHIP/RESIDENCY STATUS:

What is your country of citizenship? _____ * Country of birth? _____

* Passport No: _____

** This information is required to issue a Confirmation of Enrolment for your Student Visa.*

Do you or your family have an application for Australian citizenship, permanent residency and/or an Australian Passport which is currently under consideration by the Australian Government?

NO YES *Potential migrants should discuss their residency status with the International Centre before submitting a request to transfer to Crawley campus.*

UWA ENROLMENT:

Year and Semester Currently Enrolled at UWA: _____ (Eg Second Year, Term H)

Degree Currently Enrolled at UWA: Bachelor of _____

To commence study in February / July _____ at Crawley Campus.
(circle relevant month) (year)

Have you discussed your study plan with a UWA staff member prior to making this application?

NO YES

QUALIFICATIONS: Please list any Secondary School, Diploma or Tertiary studies below.

Qualification	Year obtained	Name and location of institution

ENGLISH LANGUAGE COMPETENCE

All applicants must demonstrate an acceptable level of English language competence to gain admission to UWA. Please provide proof by indicating **which course you have taken** below, listing your **English test score** and providing us with a **certified copy of your results**:

O-Level English: _____

IELTS: _____

TOEFL: _____

Other (please indicate): _____

STUDENT DECLARATION AND SIGNATURE

I declare that the information provided by me in connection with this request to continue my studies on the Crawley Campus is true and complete. I understand that The University of Western Australia reserves the right to vary or reverse any decision regarding enrolment made on the basis of incorrect or incomplete information.

Signature: _____ Date: _____

If you are under 18 years of age when you begin your studies in Australia, you must provide the name and address of a guardian in Perth:

Name of Guardian: _____

Address in Perth: _____

Contact Telephone: _____

Signature of Parent/Guardian (to be signed ONLY if the student is under 18 years of age):

REFERRAL – INTERNATIONAL CENTRE USE ONLY

Faculty of Life and Physical Sciences: (Academic Student Advisor)

On the basis of the information provided, please advise whether the Faculty approves this request to continue studies on the Crawley Campus:

Offer Yes No Year Offered (ie. 1st, 2nd)

Years required to complete degree: _____ Study Plan Approved

Academic Student Advisor:

Name: _____

Signature: _____ Date: _____

Admissions Office Use Only

[] Offer _____ [] Not Eligible _____

After completion please return this form to:

International Centre M352
The University of Western Australia
35 Stirling Highway
Crawley, Western Australia 6009
Tel: 61 8 6488 3939 Fax: 61 8 9282 4071