

## Application for admission to the Study Abroad Program

For Study Abroad and Exchange Students

### PERSONAL DETAILS

Family Name				Title e.g. Mr/Mrs/Dr
Given Names				Male <input type="checkbox"/> Female <input type="checkbox"/>
Permanent address in home country				
Telephone number in home country				
Fax number in home country				
Address	Institut Ranke-Heinemann Schnutenhausstr. 44 45136 Essen Deutschland Tel.: +49-201-252552 info@ranke-heinemann.de www.ranke-heinemann.de	Institut Ranke-Heinemann Theresiengasse 32 1180 Wien Österreich Tel.: +43-1-4060224 wien@ranke-heinemann.at www.ranke-heinemann.at		
Country in which you are submitting this application				
Telephone		Mobile/Cell Phone		Fax
Email (Where we can contact you about your application)				
Date of Birth	Day	Month	Year	
Citizenship				Country of Birth
Do you hold a current Australian visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please give category of visa	
Will you be bringing family members on a dependant student visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

### ENGLISH LANGUAGE PROFICIENCY

English is the main language spoken in my home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, please indicate language			
<input type="checkbox"/> I will have / or have taken an	<input type="checkbox"/> IELTS test	<input type="checkbox"/> TOEFL test	within the past two years (please tick appropriate box)
on	Day	Month	Year <i>Please attach original documentation</i>
<input type="checkbox"/> I have undertaken studies (secondary/high school/university)	for a minimum of two years in which the language of instruction was English. <i>Please attach documentary evidence.</i>		

### STUDY ABROAD PROGRAM

Duration of Program	<input type="checkbox"/> One Teaching Period/Semester	<input type="checkbox"/> Two Teaching Periods/Semesters	
I wish to study at	<input type="checkbox"/> Townsville	<input type="checkbox"/> Cairns	
I would like to start my studies in Teaching Period	<input type="checkbox"/> One (February)	<input type="checkbox"/> Two (July)	

## EDUCATIONAL QUALIFICATIONS

NAME OF SCHOOL OR INSTITUTION	NAME OF QUALIFICATION OR DEGREE	YEARS ATTENDED (MONTH/YEAR TO MONTH/YEAR)	COURSE COMPLETED (YES/NO)

Please attach certified copies of transcripts of all academic records. (A certified copy means a stamped photocopy signed by a public notary or institution representative or authorised JCU agent as being a true and accurate record of the original document). All documents must be translated into English by the issuing institution or by an official translating service.

## SUBJECT APPROVALS

Please list a maximum of 6 subjects (one Teaching Period/Semester) or 12 subjects (two Teaching Periods/Semesters) and the corresponding subject code that you would like to enrol in at JCU, in order of preference. For JCU subjects within a specific study area please view the 'Subject Search' at [www.jcu.edu.au/courses](http://www.jcu.edu.au/courses).

**Note:** Entry to subject codes 2000-5000 may be restricted to students who have previously completed studies in the same academic area.

SUBJECT NAME	SUBJECT CODE
Example: Rainforest and Ecosystems	BZ3210:03

## DECLARATION

### DECLARATION (All applicants must complete)

I declare that the information I have supplied on the application form is, to the best of my knowledge, complete and correct. I acknowledge that my application for admission is subject to acceptance by the University which has power to impose conditions. I further acknowledge that in the event my application for admission as a student at the University is accepted by the University, and in consideration of provision of educational resources by the University, I will be bound by the provisions of the relevant student handbooks, statutes, rules and policies of the University as are in force from time to time, and will be subject to the lawful instructions of officers of the University.

#### PRIVACY

Personal information supplied on this form will be handled in accordance with JCU's Privacy Policy (available at [www.jcu.edu.au](http://www.jcu.edu.au)).

I acknowledge that this information may be provided to other areas of JCU and to third parties for administrative and legislative purposes (under the ESOS Act 2000 and the National Code), including but not limited to the JCU Student Association; JCU's educational representatives and business partners; Australian Commonwealth and State agencies; other academic institutions to verify my previous qualifications; the Fund Manager of the ESOS Assurance Fund; and my Overseas Student Health Cover (OSHC) provider.

Signature

Date

Please send all completed forms to one of the following.

Institut Ranke-Heinemann  
Schnutenhausstr. 44  
45136 Essen  
Deutschland  
Tel.: +49-201-252552  
[info@ranke-heinemann.de](mailto:info@ranke-heinemann.de)  
[www.ranke-heinemann.de](http://www.ranke-heinemann.de)

Institut Ranke-Heinemann  
Theresiengasse 32  
1180 Wien  
Österreich  
Tel.: +43-1-4060224  
[wien@ranke-heinemann.at](mailto:wien@ranke-heinemann.at)  
[www.ranke-heinemann.at](http://www.ranke-heinemann.at)