

CURTIN SINGAPORE APPLICATION FORM FOR STUDY ABROAD

PERSONAL INFORMATION Insert names as they appear on your passport (Reisepass) P<D<:MUSTERMAN<<CHRISTIAN< 00000000000<<8601067M1111156<<<<<<<<2 Title: Family name: Given name(s): Preferred name: □ Male Gender: □ Female ☐ Indeterminate/Intersex/Unspecified Date of birth: Country of citizenship: Country of birth: Which country are you applying from? Have you previously applied to or attended Curtin Singapore? □ Yes □ No Do you have a disability, impairment or long term medical condition? □ Yes □ No

Providing information about a disability or medical condition will not disadvantage your application. However the University needs to assess if it can make reasonable adjustments to accommodate your disability or medical condition in order to advise you appropriately. In some cases the support required may be at a cost to you.

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Do you have a passport	?	
Passport number: Passport expiry date:		
CONTACT DETAILS		
Email address:		
Permanent Overseas ac	ldress	
Country:		
Address:		
City:		
State/Province:		
Post/Zip Code:		
Phone number:		
UNIT SELECTION		
that the units you choos	that you would like to study at Curtin Singage are available in the trimester(s) that you win.edu.sg for more information on units ava	will be studying in.
Unit Name		Unit Code

PREVIOUS STUDIES	6			
Please list any studies	you have attempted, who	ether co	omplete or inc	complete.
Qualification1				
Country: Institution: Name of program: Start date:				
Have you completed t ☐ Yes	he above study?		No	
□ Yes	plete the above study?		No	
Qualification 2				
Country: Institution: Name of program: Start date:				
Have you completed t ☐ Yes	he above study?		No	
Do you intend to com ☐ Yes	plete the above study?		No	
Expected completion	date:			



EMPLOYMENT HISTORY		
Do you have any relevant employment to be consided Yes	ered? □ No	
Name of employer:		
Position:		
Start date: End date:		
Full time/part time:		
run time, part time.		
Name of employer:		
Position:		
Start date:		
End date:		
Full time/part time:		
If you would like to add work experience, please wr	ne it down on a separate sheet.	
What is your first language?		
If you have taken an English proficiency test		
within the last 24 months, please write down the		
test type: Test date:		
Overall score:		
Listening score:		
Reading score:		
Writing score:		
Speaking score:		
Test reference number (if applicable):		

Will your fees be sponsored by a third party? Please note you will be required to provide evidence of your sponsorship* when accepting your offer: Yes No Sponsors name: *Scholarships and Auslands-Bafög are usually not sponsors. It's only a sponsorship, if the institution pays the university directly (you don't get the money first). Are you eligible for a Family Bursary? Yes No Family Member Name: Family Member Student ID: Family Member Location:

I declare that I have read the instructions on this application form and that the information I have provided is complete and correct.

I understand that the information collected on this form is to enable Curtin Singapore to assess my application, create a record on its student database, undertake statistical analysis, meet statutory reporting requirements and further inform me about the course to which I am applying as well as the University's other courses/events. The information will be accessed by University officers strictly for these purposes and disclosed to state and Singapore Government agencies where required by law, and to contractors (such as mail houses) engaged by the University to perform services on its behalf. Where personal information is to be provided to contractors, the University will require that Confidentiality Agreements be first entered into.

I accept that information supplied in this application may also be made available to a Curtin Singapore overseas representative to provide assistance with my application and the University's preferred medical insurance provider to assist with effecting medical insurance.

APPLICANT DECLARATION



I understand that if I do not complete all the questions on this form, it may not be possible for the University to process my application.

I authorise Curtin Singapore to obtain further academic information or official student records from any educational institution or recognised educational qualifications assessment body necessary and/or, where my work experience is relevant, to verify my employment history for the purpose of making an informed decision about my application.

If I do not meet all the University's entry requirements, I authorise the University to provide my full application to Curtin College, a private college operated by Colleges of Business and Technology (WA) Pty Ltd. for consideration for the Curtin College preparatory program. I understand that successful completion of this program will help qualify me for admission into specified courses of Curtin Singapore.

I understand that I have the right to access and amend personal information that Curtin holds about me, subject to legislation, by contacting the Freedom of Information Coordinator at foi@curtin.edu.au.

I acknowledge that Curtin Singapore reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect, incomplete or fraudulent information.

Applicant Name: _	Date:



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All applicants must sign below.

I certify that the information I have provided on this application is true and correct. I understand that failure to disclose correct information may result in the cancellation of my application or admission.

<u>Important Reminder</u>: Only complete applications will be reviewed.

Applicant Signature:	
Place:	
Date:	(MM/DD/YYYY)
Authorization for IEC to	o process this application
which I have provided o	tional Education Centre (IEC Online GmbH) to submit the information on the Application Form for the Swinburne University of Technology via lication form created and maintained by the university.
an electronic omme appl	dealion form created and maintained by the aniversity.
Applicant Signature:	
Place:	

Please submit your application with all required documents to IEC:

(MM/DD/YYYY)

IEC Online GmbH z. Hd. Team Welt Marienstrasse 19-20 10117 Berlin

Date: