PERSONAL DETAILS



Application Form

Family Name	Title e.g. Mr/Ms/Dr					
Given Names	Date of Birth	Day	Month	Year		
Country/Region/Economy of Birth						
Country/Region/Economy of Citizenship						
Country/Region/Economy from which you are submitting this application						
CONTACT DETAILS						
Permanent address in home country/region/economy						
Suburb/City P	ost/Zip code					
Country/Region/Economy						
Is your mailing address the same as your permanent home address?	res No If	no, pleas	e provide your mailing add	dress below		
Address						
Suburb/City P	ost/Zip code					
Country/Region/Economy						
What is the main language spoken at your permanent address?						
Telephone N	Mobile/Cell Phone					
Email						
CURRENT STUDY DETAILS						
Name of Institution currently enrolled at:						
Name of course currently enrolled in:						
Name of current course major:						
Year level currently enrolled in:						
AUSTRALIAN VISA DETAILS						
Do you have a current passport? Yes No						
Do you have a valid Australian Visa and/or a Confirmation of Enrolment to Study in Australia? Yes No						
Have you ever had a visa canceled, refused or overstayed your visa? Yes No						
If you responded Yes to any of the above, please provide the appropriate do	ocumentation or evic	lence to s	upport your response.			
Do you intend to apply for a Student Visa? Yes No						

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COURSE SELEC	TION														
Course name	Study	Abroad 🗌	Exchar	nge 🗌											
Exchange students are	e require	d to be nomi	nated and	l pre-app	roved by th	eir home inst	itution throug	h the officia	l nomi	ination proc	ess befa	ore sul	bmitting an ap	olication t	o JCU.
Level	Under	graduate	Pos	tgradua	te 🗌		Year		C	ampus	Town	ısville	Cairns		
Intake	Semes	ter 1 (Feb)	Ser	mester 2	(July)		Duratio		Semester (F	Half yea	ar)	2 Semester	s (Full yea	ar)	
	Trimes	ter 1 (Jan)	Trin	nester 2	(May)	Trimester	3 (Sept)	Jaracio	- 1	Trimester		2 Trim	nesters		
Are you applying th	rough a	registered J	CU Agen	t, Study	Abroad Pa	rtner or Exc	hange Partne	er institutio	on?		Yes		No 🗌		
If Yes, please provide	e the foll	owing Agen	t/Partneı	r details											
Organisation name															
Office Address															
Contact Name						Contact E	mail								
SUBJECT SELEC	CTION														
For information rega	arding su	biects includ	ling restri	cted. res	earch. exte	rnal or inten	sive mode sul	piects, pleas	se visi	t					
https://apps.jcu.edu	_	-	_					, , pica.							
A standard full-time trimester with appro	-					-	-		cts pe	er semester/	,		Yes	□ _{No} [
If you answered yes to points)? Study Abroa								to take on	ly 3 sı	ubjects (9 ci	redit		Yes	□ _{No} [
If applying for 1 semester/ trimester, please select 6-8 subjects. If applying for 2 semesters/ trimesters, please select 10-12 subjects. Please ensure the subjects selected are available in the correct semester/ trimester and campus to which you have applied. Choose all semester subjects or all trimester subjects, not both.															
SUBJECT COD	DE					SUBJECT N	NAME						CAMI	vus	
												To	ownsville	Cairns	
												To	ownsville	Cairns	
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NAME OF SCHOOL OR INSTITUTION	NAME OF QUALIFICATION OR COURSE	YEARS ATTENDED	COURSE COMPLETED	
OK INSTITUTION	OR COURSE	(MONTH/YEAR TO MONTH/YEAR)	(YES/NO)	
reans a stamped photocopy signed f the original document). Documen	nscripts of all academic records and the grading scale of by a public notary or institution representative or authors received directly from a registered JCU Partner Institution or by an official transfer in the institution of the institution	horised JCU agent as being a true titution are considered as a certi	e and accurate record	
NGLISH LANGUAGE PROFIC	CIENCY			
Have you completed an English lang	uage proficiency test? Yes No			
If yes, please provide a copy of your E	nglish Language Proficiency test.			
ADDITIONAL QUESTIONS				
Please advise if you will be requiring	JCU to arrange Overseas Student Health Cover (OSHC)?	Yes No No		
If yes, please select the level of visa l	ength cover Single Dual Family]		
	se visit the Allianz Care website: www.allianzcare.com.au			
For more information on OSHC, pleas				
Please indicate if you have a disability	y, impairment or medical condition?	Yes No No		
Please indicate if you have a disabilit	y, impairment or medical condition? medical professional that can provide information on your ments (if any), ability to meet the university's academic de	r disability, impairment or medical		
Please indicate if you have a disabilit If yes, please provide a letter from a n doctor outlines your support requiren	nedical professional that can provide information on your	r disability, impairment or medical		

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DECLARATION (all applicants must complete)

I declare that the information I have supplied on this form is, to the best of my knowledge, complete and correct. I acknowledge that my application is subject to acceptance by James Cook University and that any offer for a place may be subject to additional conditions which will need to be met to be eligible for admission.

STUDENT VISA DECLARATION

I make this declaration in relation to my application for my preferred course/s at James Cook University (JCU). I understand that the University will rely on this declaration in relation to any offer of enrolment in the Course which is made to me. I declare that:

- I am a Genuine Temporary Entrant*;
- Studying the Course is my primary purpose for coming to Australia;
- I understand that if I am granted an Australian student visa, I will have to comply with the conditions on that visa;
- I believe that I am academically qualified for the Course I have applied for and have, or will have, the English proficiency level required to commence
- I have calculated the cost of my course, am aware of the current exchange rate between the currency of my home country/region/economy and the Australian dollar and understand that the exchange rate will vary from time
- I have genuine access to the total funds required**, while in Australia, to cover all tuition fees, travel (including return airfare), living costs and Overseas Student Health Cover for myself and my dependents (if any) for the duration of the Course; and

- If I have ever been refused a visa for entry into Australia, I have advised JCU and provided a copy of the visa refusal notification from the Australian Government and any other relevant documentation;
- If I have ever been refused a visa for entry into another country/region/ economy, I have advised JCU of the country/region/economy and provided relevant documentation.
- For the definition of Genuine Temporary Entrant under the SSVF visit the Department of Home Affairs (DOHA) Genuine Temporary Entrant (GTE) requirements: https://immi.homeaffairs. gov.au/visas/getting-a-visa/visa-listing/student-500/genuine-temporary-entrant
- ** You may be required to provide evidence of financial capacity as part of the Student Visa requirements under SSVF. Please use the DOHA Document Checklist Tool for more $information. \underline{\textbf{https://immi.homeaffairs.gov.au/visas/web-evidentiary-tool}}$

PRIVACY		
Personal information supplied on this form will be handled in accordance with JCU's Privacy Policiand-privacy). I acknowledge that James Cook University (JCU) will use the personal information to application to study at JCU. I authorise JCU to provide my personal information to the Australia Coincluding the Department of Education and Training), the Australian Government Department thatfairs), the Tuition Protection Service, my Education Agent if I have appointed one, Allianz Global Health Cover (OSHC) and any other Australian or Queensland Government bodies as required by personal information during my study experience with JCU, including information about my subjuncident of which JCU is aware which may impact on my wellbeing or ability to continue studying	that I have Government hat manag al Assistand y law. I cor ect enroln	e provided in, and attached to, this form to assess my nt Department that is responsible for tertiary education ges immigration (including the Department of Home ce if I nominated JCU to arrange my Overseas Student nsent to JCU providing my home institution with my
Signature	Date	
DOCUMENT CHECKLIST		
Previous and current certified academic transcripts and certificates (if completed) and	the Gradi	ng Scale used at the institution/s you

Signa	ture Date
DOC	UMENT CHECKLIST
	Previous and current certified academic transcripts and certificates (if completed) and the Grading Scale used at the institution/s you studied at. Include certified English translations if your transcripts are not in English.
	Subject Selections included on this form.
	Proof of English proficiency, if available at the time of application (not required for native English speakers).
	Passport.

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