SEMESTER EXCHANGE STUDY ABROAD APPLICATION FORM



1. Personal Details

Student Number:	_Preferred Title (Mr / Mrs / Ms etc):		
Surname (as per Passport):			
Given Name/s:	Date of Birth (dd/mm/yy):	/	/
Gender (Male/Female/Other):	Are you an International Student? Yes 🗌 No 🗌		
Nationality:	Country where Passport Issued:		
Passport Number:			
USQ Email:	Personal Email:		
Address Information			
Address in Home Country	Mailing Address Same as home address		
Number and Street:	Number and Street:		
City:	City:		
State:	State:		
Country:	Country:		
	Zip/Postcode		
Mobile Phone:			
Home Phone:			
Do you have a disability impairment or long-	term medical condition which may affect your studies?	Yes 🛛	No 🗌
	term mealear contaction which may arrest your statics.		
Emergency Contact Details			
Name:			
Mobile Phone:	Home Phone:		
Relationship to Student:	Email:		
2. USQ Program Informati	ion		
Campus: Toowoomba 🛛 Springfield 🔲 Ips	swich 🛛 Online/External 🗆		
Program Code:		- lams	tudying:
		- □ Ful - □ Pai	ll-time rt-time
Minors:			-

3. Financial Plan

- The purpose of the financial plan is for students to estimate the costs associated with the Study Abroad Program
- Students may be required to show evidence of financial capabilities in order to be granted a student visa for some countries.

Funds Available	AUD	Estimated Expense AUD	AUD
Savings to date		Airfare	
Expected savings now to departure		Visa/s	
Family/Other contribution		Travel/Medical insurance	
Centrelink		Accommodation	
OS Help		Living Costs (food etc.)	
USQ International Grant		Transport	
Scholarships - please specify		Books/stationery	
		Other - please specify	
Total funds available		Total estimated expenses	

4. Preferred Host Institution

		Program Duration
Overseas Institution or study program name:		1 Semester
Country:		2 Semesters
I am applying for: Semester:	Year:	

5. Proposed Study Plan

Semester-long program (1 or 2 semesters)

				Faculty use only	
Unit code	Unit title	USQ equivalent	Semester	USQ Credit Points	Faculty/Dept Approval

Note: Students MUST have approval from the Faculty Course Advisor or Program Coordinator for their proposed study plan. Students MUST provide detailed unit descriptions, in English, to Course Advisors and a copy of the completed Study Abroad application form.

6. Faculty Approval (to be filled in by your Faculty)

Credit points earned:	Credit points requ	ired to complete degree:
Special requirements:		
Comments:		
Note: Double Degree students show	uld seek approval from both Faculties	
The Faculty of		
does does not - approve th	is applicant to participate in the Study	Abroad Program.
Name:	Faculty Signature:	Date:
The Faculty of		
does does not - approve th	is applicant to participate in the Study	v Abroad Program.
Name:	Faculty Signature:	Date:

7. Statement of Purpose

Please attach a typed statement explaining your reasons for wanting to study abroad. Include what you hope to achieve, challenges you think you will face and how you predict your overseas experience will affect your academic, personal and career goals.

8. Student Checklist

- □ I have adequate financial resources to enable me to participate in an overseas study experience
- The information provided, to the best of my knowledge, is correct and complete
- Approval of my overseas study experience is dependant on USQ International, my host institution and is subject to immigration clearance from the host country. As I am responsible for all immigration issues, I have sought information about how to obtain a student visa to enter the host country.
- U Withdrawing from the overseas study program without authorisation from USQ International may result in me being required to repay all or part of any grant paid to me, as determined by USQ International.
- Upon completion of my overseas study program I may be contacted by the University of Southern Queensland to provide a written report and photos or video
- I understand that if I vary my enrolment I must seek approval for these changes. If I do not get approval I understand I may not receive credit for my studies overseas.
- □ I may be required to apply for a credit transfer upon completion of my overseas study program.
- Lt is my responsibility to maintain a full time study load for the term of my exchange and failing to do so may have implications for my visa.

Student Signature: _____ Date (dd/mm/yy): ____ / /

Student Checklist

I hereby submit this application for placement in the Study Abroad program, and have attached the following compulsory documents:

□ 1 Academic Reference
□ Statement of Results
□ Passport copy

University of Southern Queensland is a registered provider of education with the Australian Government

9. Privacy Policy

USQ collects your information for purpose of providing products and services selected by you through your learning journey. Not all information is personal information under the Privacy Act 2009 (Qld). To comply with legal and administrative obligations information may be disclosed to Commonwealth and State agencies.

Personal information will not be disclosed to third parties other than approved educational services agent, partner or organisation who provides sponsorship to you for your studies, without your consent unless required or permitted by a law. Where we disclose to a third party we endeavour to ensure they are bound by the same requirements as USQ with respect to personal information. Transfer of personal information outside Australia may occur.

You have the right to access your personal information and if you wish to inquire about the handling or seek access to your personal information you can contact the USQ Privacy Officer (privacy@usq.edu.au).

USQ Mobility Team University of Southern Queensland Toowoomba | QLD | 4350 | Australia Phone: +61 7 4631 5543 Email: studyabroad@usq.edu.au web: usq.edu.au/current-students/academic/study-abroad-and-exchange

10. Academic Reference

Note: This section is to be completed by a USQ academic staff member. References for the ISEP program must be completed on the ISEP online form.

Full Name of Applicant:	Name of Referee:
Title/Position:	_Department/Faculty:
Telephone:	_Email:

The student whose name appears above is applying for the Study Abroad Program to study overseas. Your candid opinion of the student's intellectual abilities, maturity and capability to study and live overseas is important in determining if the student has the qualities necessary to successfully complete the Study Abroad Program.

1. How long, and in what capacity, have you known the applicant?

2. Please add any comments which you feel would be helpful in determining the suitability of the applicant for an international study experience

Referees Signature: _____ Date (dd/mm/yy): ____ / /