

OFFICE OF RECRUITMENT & ADMISSIONS Bond University University Drive, Robina Queensland 4229 Australia Ph: +61 7 5595 1034 Fax: +61 7 5595 4062 Email: studyabroad@bond.edu.au

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SAP	
	Representatives Stamp
	Marienstrasse 19/20, D-10117 Berlin Tel. +49 (0)30-20458687 www.ieconline.de

CRICOS CODE 00017B			
Application for Stu	dy Abroad Program		
1 Personal Details			
Title Surname or family name  Given name(s)  Preferred name (or nickname)  Gender (M/F)	Phone (include country code and area code)  Home  Mobile  Business hours/Work  Fax		
Country of birth Citizenship	Email  If you change your address, please advise us immediately		
Current address  State  Country  Postcode/Zip code	2 Proposed Study Commencement Date  January 20 May 20 September 20  Indicate the number of semesters you wish to study at Bond University  1 semester 2 semester  Do you have any disabilities/conditions that you think Bond University should be aware of?  Yes No		
Permanent home address  State  Country  Postcode/Zip code	Please attach a letter explaining the details of your condition  But Education  Completion date or expected completion date of High School studies  Month Year		
Date at this address until  Day Month Year	Please specify the University/College you are, or will be enrolled at:		
International student details (must be completed for application to be processed)  Is English your first language Yes No  If you answered no to the question above, you must provide evidence of your English language proficiency.  Please attach a certified copy of your most recent IELTS or TOEFL test results. The TOEFL institution code for Bond University is 9808.  Candidates should ask that their test score be sent directly to the Office of Recruitment and Admissions at Bond University.  Do you have a current Australian visa? Yes No Visa expiry date Day Month Year			
Please provide a list of the subjects you will have completed prior to attending Bond University, if not already on your transcript.  Subject Title  Credit Point Value			

5 Subject Selection for Study Abroad Program				
Please include a list of least 6 subjects you would consider enrolling in. You can visit our website at www.bond.edu.au/study/subjectoffer for a current listing of subjects. Please note that subjects listed in your offer indicate your eligibility only, and not your actual enrolment in these classes.				
Semester	Subject Code	Subject Title		
6 Checklist f	or applicants			
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	llowing to ensure your application is assessed promp			
Original university, (results from curre	/college transcript int studies must be provided when available)	At least one academic reference		
Proof of English pr	oficiency	Personal Statement		
	odation online at www.myroom.bond.edu.au			
(this opens approxi	imately 8 - 10 weeks prior to semester start)			
7 Privacy Co	ollection Statement			
Bond University ('BU') collects, uses and discloses the personal information required by this form for the purposes of processing your application, facilitating BU's internal business operations, including the fulfilment of any legal and regulatory requirements and providing you with other information about BU and other services that we offer.				
If the personal information you provide to BU is incomplete and/or inaccurate, BU may not be able to provide you with the services that you are seeking. You may request access to the personal information BU holds about you in accordance with the BU Privacy Policy. You may access the personal information BU holds about you in accordance with BU's privacy policy.				
Students who have a disability and who require BU to adjust a process or procedure or wish BU to provide equipment or other physical aids, must disclose the nature and extent of the disability to BU. As part of the application process students with a disability must contact the University's Disability Support Officer on telephone (07) 5595 4002, to confidentially discuss their requirements. Please email studyabroad@bond.edu.au to arrange this.				
Have you ever been suspended from or disallowed entry to an educational institution? Yes No If Yes, please provide documentation.				
8 Declaratio	n			
I understand that it is my responsibility to provide all documentation requested by the Office of Recruitment and Admissions and authorise BU to obtain, where necessary, any further information from my nominated next of kin and the appropriate educational institutions.				
I hereby declare that to the best of my knowledge all information submitted or made available by me to BU, whether in relation to any course of study or otherwise, is true, accurate and complete. If any information is considered to be untrue or misleading in any respect, I consent to the collection, storage and disclosure by BU, the AVCC, or any AVCC member institution of a record of any such information or any other irregular activity. I understand that any record stored or disclosed according to this system may contain personal details about me from which I may be identifiable.				
I understand that BU reserves the right at any stage to withdraw a place which has been offered on the basis of incomplete or incorrect information.				
I consent to BU providing information relating to the processing of my application to the agent whose details appear on the front of this form and/or my nominated next of kin.				
Signature of applicant (	or guardian if under 18 years old)	Date		