



THE UNIVERSITY OF
WESTERN AUSTRALIA
Achieving International Excellence

International Centre
The University of Western Australia
Bachelor of Science Singapore Program
Application to Transfer to Crawley Campus

CRICOS
Provider No:
00126G

FAMILY NAME: _____ UWA STUDENT NUMBER: _____

OTHER NAME/S: _____ TITLE: (Ms, Mr, Miss etc) _____

POSTAL ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____
Offer will be sent to this email address

DATE OF BIRTH _____ / _____ / _____ (Day/Month/Year)

CITIZENSHIP/RESIDENCY STATUS: _____ What is your country of citizenship? _____

*Passport Number: _____ *Country of birth? _____

**This information is required to issue a Confirmation of Enrolment for your Student Visa*

Do you or your family have an application for Australian citizenship, permanent residency and/or an Australian Passport which is currently under consideration by the Australian Government?

NO YES *Potential migrants should discuss their residency status with the International Centre before submitting a request to transfer to Crawley campus.*

UWA ENROLMENT

Commencing Cohort Enrolled at PSB Academy: _____ (Eg 209 or Sept 09)

Degree Currently Enrolled at PSB: Bachelor of _____

Proposed Degree at UWA Crawley Campus: Bachelor of _____

To commence study in February / July _____ at Crawley Campus.
(circle relevant month) (year)

Have you discussed your study plan with a UWA or PSB staff member prior to making this application?

NO YES If yes, name of UWA or PSB staff member: _____

STUDENT DECLARATION AND SIGNATURE

I declare that the information provided by me in connection with this request to continue my studies on the Crawley Campus is true and complete. I understand that The University of Western Australia reserves the right to vary or reverse any decision regarding enrolment made on the basis of incorrect or incomplete information.

Signature: _____ Date: _____

If you are under 18 years of age when you begin your studies in Australia, you must provide the name and address of a guardian in Perth:

Name of Guardian: _____

Address in Perth: _____

Contact Telephone: _____

Signature of Parent/Guardian
(ONLY sign if the student is under 18 years of age): _____

REFERRAL - INTERNATIONAL CENTRE ONLY

Faculty of Life and Physical Sciences: (Academic Student Advisor)

On the basis of the information provided, please advise whether the Faculty approves this request to continue studies on the Crawley Campus:

Offer NO YES Year Offered _____ (ie. 1st, 2nd)

50110 Bachelor of Science or BP 004 Bachelor of Science Credit Points _____

Years required to complete degree: _____ Study Plan Approved

Study Plan

	Unit Code	Unit Title	Credit Points	Year	Semester
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Academic Student Advisor:

Name: _____ Signature: _____ Date: _____

Faculty: After completion please return this form to International Centre (M352)

International Admissions Office Use Only

Offer _____

Not Eligible _____
