



STUDY ABROAD APPLICATION FORM

Top Education Institute | Sydney City School of Law | Sydney City School of Business
CRICOS Code: 02491D | TEQSA PRV: 12059

Read this application carefully. Complete all sections and ensure that any supporting documents are attached and certified by a Justice of the Peace or equivalent in the approved form. Write in BLOCK LETTERS using a blue or black pen. Indicate with "N/A" where questions are not applicable.

1. Student Details			
TOP Student Number:			
Family Name (<i>as per passport</i>):			Title <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Given Name/s:		Date of Birth: / /	
Are you currently an Australian Citizen or hold a Permanent residency? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Host Institution			
Overseas Institution:			
Intended enrolled session:			
Program Duration:	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2	<input type="checkbox"/> Summer Session
Semester/Date:	Year:		

3. Passport Details	
Passport number:	
Expiry Date: / /	Country of Citizenship:

4. Emergency Contact Details			
Relationship to you			
Family Name (<i>as per passport</i>):			Title <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Given Name/s:			
Mailing Address:			
Suburb	Postcode	State	

5. Unit Details			
Host Institution Details	TOP Details		
Unit Code	Unit Name	TOP Unit Name/Code	Credit Points

6. Personal Statement

As a separate attachment (limit to 1 A4 page), describe why you have applied for this program and your reasons for wanting to study abroad. Use this as an opportunity to discuss both your personal and academic goals as well as what you hope to achieve, challenges you think you will face and how you predict your overseas experience will help you achieve your goals.

7. Recommendations

Using the attached form please provide two recommendations from someone who knows you well. You must provide at least one academic recommendation as well as a personal one.

8. Student declaration

I declare that the information I have provided in this application and supporting documentation, to the best of my knowledge, is correct and true. I understand that the provision of incorrect information or documentation or the withholding of relevant information or documentation relating to this application may result in the cancellation of my enrolment at Top Education Institute. I understand that if I vary my enrolment I must seek approval for these changes. If I do not get approval I understand that I may not receive credit for my studies overseas.

Signature:

Date: / /

9. Checklist

Please ensure you have read and provided all documents on this checklist.

Please note any student who has missing documentation will not be considered.

- Completed all sections of this application form
- Attached a personal statement
- Attached a current TOP academic transcript
- Attached a copy of your valid passport
- Attached two letters of recommendation
- Attached a completed Study Abroad Medical Report form
- Read the Study Abroad Exchange Program Policy
- Signed and dated the declaration

10. Privacy Statement

TOP appreciates that privacy is very important to you and recognises your rights to expect that your personal information will be kept confidential and held securely and privately. TOP ensures that its obligations under the Privacy Act and the National Privacy Principles, which aim to protect your personally identifiable information, are complied with. TOP will collect certain information about you, such as your name, address, and contact details when you register with us. We may also collect this and other specific types of personal information necessary for the particular product or service you request from us. Where practicable, the purpose for which we are collecting that personal information will be made clear at the time of collection, as will the details of any law which requires us to collect particular information. TOP may use your personal information for the purposes disclosed at the time of collection, or otherwise as set out in the Institute's Privacy Policy. We will not use your personal information for any other purpose without first seeking your consent, unless authorised or required by law.

LETTER OF RECOMMENDATION (ACADEMIC)

Full name of Applicant:	
Full name of Referee:	
Title/position:	Faculty:
Telephone:	Email:

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

How would you rate this student as a candidate for international study experience?	
<input type="checkbox"/> Very Suitable <input type="checkbox"/> Suitable <input type="checkbox"/> Not suitable	
How long, and in what capacity, have you known the applicant?	
Please add any comments which you feel would be helpful in determining the suitability of the applicant for an international study experience.	
Referee's Signature:	Date: / /

MEDICAL REPORT AND OTHER INFORMATION

Overseas Study Medical Report			
Family Name (<i>as per passport</i>):		Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Given Name/s:		Date of Birth: / /	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Primary Physician/Clinic		
General health			
Are you generally in good physical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently being treated for any physical condition/s?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a heart condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a diabetic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you currently have any allergies to foods, medications, environmental factors, insects, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently taking any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you on a restricted diet (vegetarian, diabetic, allergies, etc.?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you anticipate needing any health care or counselling while abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Further Information			
Is there any additional health information that you feel would be helpful for TOP to be aware of during your study abroad experience?			
Medical Insurance			
I understand that as a part of the study abroad experience I must be insured for any medical expenses which I may incur while I participate in this program.			
I _____ certify that all responses made on this Medical Report form are true and accurate. I understand that this form is for information purposes only and in no way implies that TOP will take responsibility for my health.			
Applicant's Signature:			Date: / /