



# VICTORIA ABROAD

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## APPLICATION FORM FOR OUTGOING VU STUDENTS

### Section 1 PERSONAL DETAILS

Applications should be mailed to the International Officer (Victoria Abroad)

Victoria University International

PO Box 14428 Melbourne 8001

Or submitted in person

3rd Floor, 301 Flinders Lane, Melbourne, 3000

Phone +61 3 9919 1296 / +61 3 9919 1319

Closing Dates for exchange applications:

30 June for semester one placements in the following year

30 November for semester two placements in the following year

VU Student ID:

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Gender: M  F  Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ First Language: \_\_\_\_\_

Are you an international student? Yes  No

If yes, please provide your passport number: \_\_\_\_\_

### Section 2 CONTACT DETAILS

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

### Section 3 ENROLMENT DETAILS

Course Title: \_\_\_\_\_

Faculty: \_\_\_\_\_ Campus: \_\_\_\_\_

Major/s: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_ You are Studying: Full time  Part time  Distance Education

### Section 4 EXCHANGE PROPOSAL

Length of Exchange (please tick): Less than one Semester  One Semester  Full Year  Semester of Commencement: 1  2

Type of Exchange (please tick): Faculty  General  UMAP  Endeavour  Other

Exchange Institution - Preference One: \_\_\_\_\_ Preference Two: \_\_\_\_\_

**Section 5****TRAVEL AND LANGUAGE EXPERIENCE**

Have you travelled overseas before? Yes  No  Have you studied / worked overseas before? Yes  No

Please provide details in your personal statement (see Application Checklist below)

Do you speak any other language/s? Yes  No  Please Specify: \_\_\_\_\_

**Section 6****FINANCIAL PLAN**

You must ensure you have adequate funds for your exchange. Please complete the following:

Estimated Available Funds	Estimated Expenses
Savings to Date	Airfare
Anticipated Savings on Departure	Visa / Passport Fee
Other Contributions (e.g. family, approved loan, travel grants)	Travel / Medical insurance
Government Funding (e.g. Youth Allowance, UMAP, Endeavour, etc.)	Accommodation
	Living Expenses (e.g. food, transport, bills)
<b>TOTAL Estimated Funds</b>	<b>TOTAL Estimated Expenses</b>

**Section 7****VU TRAVEL GRANT SCHEME**

The VU Travel Grant Scheme offers grants to outgoing exchange students. All students wishing to go on a Victoria Abroad exchange program are eligible to receive this grant.

Do you wish to apply for a VU Travel Grant? Yes  No

Are you applying for any other scholarships? Yes  No

If so, please specify: \_\_\_\_\_

**Section 8****STUDENT DECLARATION**

I declare that the information I have supplied is complete and correct. I acknowledge that provision of incorrect information or documentation may result in cancellation of any offer of a place in a Victoria Abroad exchange program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION CHECKLIST**

Current, Certified Academic Transcript

Personal Statement

Curriculum Vitae / Resumé

Two Letters of Recommendation:

**1. Academic Recommendation:** must be from a Victoria University Academic on the Academic Reference Form attached.

**2. Personal Recommendation:** choose from an employer, a community group, a sporting club, or a person who you has known for at least 5 years (excluding your family members).

**3. Personal Statement:** Please attach a personal statement explaining why you wish to participate in an exchange program and why you would be a good ambassador for VU.

**4. Passport Photo:** attach to front page.

## STUDY PLAN AND ENROLMENT PROCEDURE

1. Download subject descriptions from the host institution's website.
2. Please ensure you select appropriate subjects. For example, if you are in second year, you should select second year subjects.
3. Make an appointment to see your course coordinator. Finalise your study plan using the form on page 3. You may also be required to see individual subject coordinators.
4. If selected for exchange, please ensure you are enrolled full-time at VU for the duration of your studies overseas. Please do this before you leave Australia. Make sure this is done before HELP census dates and enrolment cut-off dates.
5. If your overseas study commences in July/August, please arrange for a proxy to enrol you in December for the following academic year at VU. Failure to do so may result in late enrolment penalties.
6. **IMPORTANT:** You **MUST** see your Faculty Student Advice Officer (International) to ensure that your enrolment is correct before you leave Australia. Please go to: [www.vu.edu.au/International/Student\\_Exchange](http://www.vu.edu.au/International/Student_Exchange) to identify your officer.

## STUDY PLAN

- While on exchange, you are required to study full-time at your host institution.
- Please nominate at least six subjects per semester at your preferred institution for faculty approval.
- The Study Plan does not have to be completed by the application deadline, although early completion will speed up your application process.
- The Study Plan must be completed before the VU re-enrolment session for your time overseas.
- A copy of the Study Plan must be submitted to both Victoria Abroad and to the Student Advice Officer (International) within your Faculty prior to departure for your exchange program. Failure to do so may result in no academic credit being awarded for your studies overseas.

Student name (printed):

Host Institution:

HOST INSTITUTION			VU EQUIVALENT		
Subject Code	Subject Title	Subject Coordinator initials (if required)	Subject Code	Subject Title	Subject Coordinator initials (if required)

## Course Coordinator / International Programme Coordinator Declaration

I approve this student's study plan

Signature:

Name:

Title:

Date:

Email:

Phone:

## STUDENT DECLARATION

*I agree that the units approved will be the units taken while abroad. I acknowledge that if subjects nominated prove to be unavailable or unsuitable it is my responsibility to notify my department and obtain approval for any changes made to my Study Plan.*

Signature:

Date:



