THE UNIVERSITY OF WESTERN AUSTRALIA

# AGENT DATA ENTRY FORM

This form is for UWA representatives to record student information to then enter into UWA's online application portal.
If you wish to apply to UWA, please fill out the details and supply this form to an official UWA representative.
For a list of official UWA representatives near you visit **study.uwa.edu.au/how-to-apply/international-agents**

This is NOT an application form. **Please do not send this form to UWA.**

## APPLICANT DETAILS

Family name

Given name

Preferred name

Title Date of birth (dd|mm|yyyy) ☐☐|☐☐|☐☐☐☐ Gender M ☐ F ☐

Telephone number

Email address (COMPULSORY) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Residential address (Number and Street, Suburb, State, Country and Postcode)

Mailing address (Number and Street, Suburb, State/Region, Country and Postcode)

## CITIZENSHIP AND VISA DETAILS

Country of birth Country of c itizenship

Passport number

Type of visa you are applying for International student visa ☐ Temporary resident ☐ Other (please specify)

Country of visa application City of visa application

## APPLICATION DETAILS

Have you previously studied at UWA? Yes ☐ No ☐ Student number ☐☐☐☐☐☐☐☐

Have you lodged any other application to UWA for the period in which you intend to apply? Yes ☐ No ☐

Have you previously been offered and deferred the course for which you intend to apply? Yes ☐ No ☐

Do you wish to apply for a packaged English language program with your course? Yes ☐ No ☐

## COURSE PREFERENCES

**CHOOSE INTAKE** Year February (Semester 1) ☐ July (Semester 2) ☐

Course 1 (Name, Code, Major/Specialisation)

Course 2 (Name, Code, Major/Specialisation)

**UNDERGRADUATE APPLICANTS ONLY**

**A:** If you would like a packaged offer which includes a postgraduate professional degree following your bachelor's degree, please indicate below.

Master of Architecture (MArch) ☐ Master of Landscape Architecture (MLarch) ☐

Master of Professional Engineering (MPE) ☐ Juris Doctor (JD) ☐

Doctor of Medicine (MD) ☐ Doctor of Dental Medicine (DMD) ☐ I do not wish to apply for direct entry ☐

NOTE: PLEASE CHECK CLOSING DATES FOR THE DOCTOR OF MEDICINE (MD) AND DOCTOR OF DENTAL MEDICINE (DMD).

THE UNIVERSITY OF WESTERN AUSTRALIA

# AGENT DATA ENTRY FORM

This form is to record student information to then enter into UWA's online application portal **www.uwa.edu.au/agents/myapplication**
This is NOT an application form. **Please do not send this form to UWA.**

**B:** If your academic background is assessed by the University as not sufficient for direct entry, you may be eligible for a pathway program. If you would like your application to be forwarded to one of our pathway partners to be considered for a packaged offer (i.e. Foundation or Preparatory program + UWA degree) please indicate your preference below.

WA Universities' Foundation Year Program (WAUFP) ☐ UWA Foundation Program ☐

## FINANCIAL SUPPORT

Select your source of financial support:

Privately funded ☐ Employer sponsored ☐ Government sponsored (provide details) ☐ External scholarship (provide details) ☐

Details of sponsorship or scholarship (organisation, country)

## SECONDARY EDUCATION DETAILS

Country of secondary education Year completed

Qualification name

School Score

## TERTIARY EDUCATION DETAILS

Qualification name

Year commenced Year completed Incomplete ☐

Institution

## OTHER QUALIFICATION(S)

Qualification name

Date completed (dd|mm|yyyy) ☐☐|☐☐|☐☐☐☐

Details

## WORK EXPERIENCE (CHECK TO SEE IF REQUIRED BY COURSE)

Position

Employer

Start date (dd|mm|yyyy) ☐☐|☐☐|☐☐☐☐ End date (dd|mm|yyyy) ☐☐|☐☐|☐☐☐☐

Contact (address | telephone | email)

## ENGLISH COMPETENCY

Type of test

Year achieved

Score/Grade