

FILE NO



APPLICATION FOR TRANSFER TO ANU MEDICAL SCHOOL FOR DOMESTIC APPLICANT

Applicant	
Family Name:	Given Name:
Mailing Address	Phone:
State:	
Email:	<input type="checkbox"/> Male <input type="checkbox"/> Female
1. Are you currently enrolled in a medical degree?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach the current medical school academic record.	
2. Which type of place you are currently enrolled in?	
<input type="checkbox"/> Full-fee paying Place <input type="checkbox"/> Medical Rural Bonded place <input type="checkbox"/> Commonwealth Supported Place <input type="checkbox"/> Bonded Medical Place	
3. Have you ever completed a Bachelor Degree?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach original academic transcripts.	
4. Have you sat the GAMSAT?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a certified copy of GAMSAT result.	

Applicant's Declaration:	
<ul style="list-style-type: none">- I hereby certify that the information I have provided on this application form is correct and complete.- I authorise the University to obtain official records from any educational institution previously attended by me, and acknowledge that the University reserves the right to vary or reserve any decision regarding transfer or enrolment made on basis of incorrect or incomplete information.- If any information is discovered to be untrue or misleading in any respect, I consent to the University collecting, storing and disclosing this information to the Australian Vice-Chancellors Committee (AVCC) and its member institutions, the Medical Deans Australia and New Zealand and its member institutions and any other relevant authority.- I understand that the Australian National University may disclose the personal information I have given in this application to the Department of Education, Science and Training (DEST) and that DEST will collect and store my personal information for use in connection with the Higher Education Information Management System (HEIMS).	
Applicant's signature	<input type="text"/>
	Date <input type="text"/>

ANU MEDICAL SCHOOL OFFICE USE ONLY

Date received:

Officer Name:

Action taken:

Verification of the Requirement (1-4)

Requirement 1

Satisfied Not satisfied

Comment:

Requirement 2

Satisfied Not satisfied

Comment:

Requirement 3

Satisfied Not satisfied

Comment:

Requirement 4

Satisfied Not satisfied

Comment:

Decision

Approved for Transfer Not Approved for Transfer

Comment:

Delegate Name

Delegate Signature

Date