

FILE NO



APPLICATION FOR TRANSFER TO ANU MEDICAL SCHOOL FOR INTERNATIONAL APPLICANT

Applicant	
Family Name:	Given Name:
Mailing Address	Phone:
Country:	
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. Have you ever completed a Bachelor Degree?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach original academic transcripts.	
3. Have you sat the GAMSAT, MCAT or an equivalent test which was conducted in English?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach the MCAT score and Verification Code (or original results of the GAMSAT or an equivalent test).	
4. Have you met the English language requirements as set out for graduate entry on the ANU International Student Website?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach the original results of an English language test.	
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 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