# APPLICATION FOR TRANSFER TO ANU MEDICAL SCHOOL
## FOR INTERNATIONAL APPLICANT

<table>
<thead>
<tr>
<th>Applicant</th>
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</thead>
<tbody>
<tr>
<td><strong>Family Name:</strong></td>
<td><strong>Given Name:</strong></td>
</tr>
<tr>
<td><strong>Mailing Address</strong></td>
<td><strong>Phone:</strong></td>
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<tr>
<td><strong>Country:</strong></td>
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<tr>
<td><strong>Email:</strong></td>
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<tr>
<td>☐ Male</td>
<td>☐ Female</td>
</tr>
</tbody>
</table>

1. **Are you currently enrolled in a medical degree?**
   - ☐ Yes
   - ☐ No
   
   If Yes, please attach the current medical school academic record.

2. **Have you ever completed a Bachelor Degree?**
   - ☐ Yes
   - ☐ No
   
   If Yes, please attach original academic transcripts.

3. **Have you sat the GAMSAT, MCAT or an equivalent test which was conducted in English?**
   - ☐ Yes
   - ☐ 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?**
   - ☐ Yes
   - ☐ No
   
   If Yes, please attach the original results of an English language test.

## Applicant’s Declaration:
- 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**  
**Date**
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