



ST. MARK'S COLLEGE

University Residential College

Application for Entry - STUDY ABROAD STUDENTS

(This form is only for Study Abroad or Exchange students studying at the Uni of Adelaide)

46 Pennington Terrace, North Adelaide South Aust 5006

Fax: 61-8 8267.4694; Email: stmarks@stmarkscollege.com.au

Phone: 61-8 8334.5600

Name (last, first)	_____	Country of Birth	_____
Preferred name	_____	Student Number	_____
Date of Birth (d/m/y)	_____	Religion	_____
Current Age	_____	Country of Residence	_____
Nationality	_____	How did you hear about St. Mark's	_____
Country of Citizenship:	_____		_____
Year Applying for	_____	Gender (M/F)	_____
Full year or which Semester	_____	Height	_____

Billing details:

Who is responsible for payment: _____

Other supports (if any) _____

Address for Billing

Name _____

Address _____

Phone _____ Mobile _____ Other _____

Email: _____

(All accounts for payment will be emailed, so please print email address clearly)

Address for Contact (self)

Name _____

Address _____

Phone _____ Mobile _____ Other _____

Email: _____

Address for Father

Name _____

Address _____

Phone _____ Mobile _____ Other _____

Email: _____

Occupation: _____

Address for Home

Name _____

Address _____

Phone _____ Mobile _____ Other _____

Email: _____

Address for Mother

Name _____

Address _____

Phone _____ Mobile _____ Other _____

Email: _____

Occupation: _____

Tertiary Education:

Academic programme for the Semester or Full Year in Australia

Tertiary institution _____
Course _____
Subjects _____

Current Academic Programme (please attach your most recent report)

Institution _____ Campus _____ Faculty _____ Course _____ Comments _____

Have any of your friends resided at St. Mark's College

Friend's name: _____
The University they represented _____
Years in College _____

Have you ever travelled overseas or lived away from home before? Yes/No

Have you ever resided in University accommodation at home or overseas? Yes/No _____

Please give details:

Have you applied for entry to other Colleges? (Yes/No) _____

(If yes, at which College would you like to be accepted (include St. Mark's College in your order of preference)

1st preference _____
2nd preference _____
3rd preference _____
4th preference _____

Special needs

Medical _____
Disability _____
Dietary _____
Other _____

Positions held (please attach a separate sheet if you need more space):

Senior positions held _____
Any awards you have received _____
Sporting achievements _____
Musical/Artistic Interest _____
Any other relevant Information _____

Personal Profile

(Excluding English, can you speak, or have you studied, or do you intend to study any other languages)

Yes/No _____
_____ Language _____ Proficiency (High/Average/Low) _____

Family Details (information about your sisters/brothers (not parents))

Family Member	Name	Age	Sex
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Referees (two written references must be attached and forwarded with your application)

School Principal - preferred but not essential _____

Other referee (please state name and/or _____
and organisation) _____

Declaration

(I hereby declare that the information in this application is true and correct to the best of my knowledge)

Signature of applicant _____

Parent or Guardian signature _____

Parent or Guardian (printed name) _____

Date _____

Intended profession _____

Personal statement (comments) - optional

This is an opportunity to provide further details about yourself and why you wish to be considered for a place at St. Mark's College. What do you believe you can/will contribute to College life in general, and St. Mark's in particular?

Telephone interviews

First Semester Feb-July

They will be conducted in early December
Notification of offers will be made at end December
Please indicate a suitable date and time
1st preference 2nd preference

Email address to which we can confirm your interview time

Best phone no to contact you on, including area codes
We will call you at the designated time

Second Semester July-November

They will be conducted in early June
Notification of offers will be made at end of June
Please indicate a suitable date and time
1st preference Second preference

Email address to which we can confirm your interview

Best phone no to contact you on, incl. area codes
We will call you at the designated time

Please enclose the following with your application

1. AUD\$50.00 Application fee (non-refundable)

Payment can be made by AUD\$ cheque or credit card

Number _____

Name on card _____

Expiry date _____

Signature (as card) _____

2. Four passport sized photographs (these can be emailed or sent under separate cover)

DECLARATION:

I, _____ undertake to be in residence for the full semester from the beginning to the end of the examination period (Sem I: February to July; Sem II; July to November) and pay the fees for the full period, either one semester or full year. Any stays outside the University's semester dates will be charged at the current vacation rate per day for full board. You are welcome to arrive earlier than the beginning of the semester and we will be able to offer you a room with full board.

Signature _____

Date _____

Estimated date of arrival (if known, otherwise advise later) _____

Any additional comments that you wish to make:

Please note: For Sem I applicants, the fees for the following year will be posted on the Web Page in December of the current year
For Sem II applicants: The current fees will be on the Web Page.