



CRICOS Provider Number 00025B

# LLB UQ/LLM WU Application

**APPLICATION DEADLINE:**  
March 31 (for Fall Semester same year, Spring or Fall following year)  
September 30 (for Fall Semester of Following Year or Spring Semester the year after)  
**Applications will not be accepted after the above deadlines.**

**Office use**

Application received (date):     /     /  
  
Application No.: \_\_\_\_\_

**1. PERSONAL DETAILS**

Student number (8 digit):

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

Date of birth: Day     Month     Year     Gender: ☐ Male    ☐ Female

Citizenship(s) – if dual, please list both: \_\_\_\_\_

Are you an international student? ☐ Yes    ☐ No

**Semester address for correspondence**

Home number and street: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

State: \_\_\_\_\_     Postcode: \_\_\_\_\_

UQ student email: \_\_\_\_\_ @uqconnect.edu.au

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Next of kin information/Emergency contact/Delegate**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home number and street: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

State: \_\_\_\_\_     Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Home phone (include area code): \_\_\_\_\_

Mobile: \_\_\_\_\_

**2. ACADEMIC DETAILS**

**Current studies**

Program: \_\_\_\_\_

Major/s: \_\_\_\_\_

Number of units completed in current program by end of current semester: \_\_\_\_\_

LAWS course GPA \_\_\_\_\_

Will you have 4 LAWS electives left in your final semester? ☐ Yes    ☐ No

Expected date of completion:     month     year

**Change of program**

Have you changed programs while at UQ? ☐ Yes    ☐ No

If yes, please indicate previously enrolled programs: \_\_\_\_\_

Please ensure all relevant credit has been transferred to your current program.

*Please note: UQ Abroad may not be able to process your application until credit transfer is completed.*

Have you had any credit transferred from a different university? ☐ Yes    ☐ No

If yes, how many units were credited to your UQ degree?: \_\_\_\_\_

**3. EXCHANGE DETAILS**

Commencing year: 20 \_\_\_\_\_

☐ Semester 1 (January–July)    ☐ Semester 2 (July–December)

List some of the courses you might be interested in taking at WU:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**4. PREVIOUS EXCHANGE EXPERIENCE**

☐ None

☐ High School Where: \_\_\_\_\_

☐ University Where and When: \_\_\_\_\_

Student number (8 digit):

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Full name:

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## 5. PRIVACY STATEMENT AND CONSENT TO RELEASE PERSONAL INFORMATION

### Privacy statement

The University of Queensland (the University) complies with Australian and Queensland privacy laws and guidelines. The University treats information collected by it as confidential. Information supplied by you will only be used for the administrative and educational purposes of the University or in accordance with a specific consent given by you. The University will not make available to a third party any personal information supplied by you unless required or permitted by law. This may occur where you have consented to the disclosure. The University may distribute aggregated statistical information for statutory reporting purposes but only in a form that will not identify any person individually.

### Consent to release personal information

- ☐ I consent to the disclosure of the personal information I provide on this application (including attachments) for the purposes of a preferred institution assessing and determining whether an exchange opportunity may be offered or arranged for me between the University and the institution. For further information about Privacy Management please visit <http://www.uq.edu.au/rti/index.html?page=42772>
- ☐ I consent to the disclosure of personal information concerning my exchange under the UQ Abroad program and information relevant to my studies while participating in the program to my nominated Next of Kin, emergency contact or delegate.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

## 6. DECLARATION OF APPLICANT

I declare that the information supplied by me on this form is complete, true and correct in every particular. I authorise any other person or body to supply information to The University of Queensland regarding this application.

Printed name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

When completed, submit the form, in person, by mail or electronically to:

**Head of School**  
**TC Beirne School of Law**  
**The University of Queensland**  
**Brisbane Qld 4072**

or: [dean@law.uq.edu.au](mailto:dean@law.uq.edu.au)