

Outgoing Application Form

MBS Master of International Business Dual Degree (Outgoing)

This form is for current Master of International Business students who are applying to undertake the dual degree program with either Università Commerciale Luigi Bocconi or HEC Montréal.

Instructions

- Complete all sections of this form accurately. Incomplete or incorrect forms will not be processed.
- Attach your personal statement. (Ensure that you have addressed all three questions. For more information, see: mbs.unimelb.edu.au/students/course-planning/master-of-international-business-dual-degrees/outbound).
- Submit your application by attaching it the form: https://forms.your.unimelb.edu.au/4747166?SID=a3x2e0000000Fj5

| Privacy Statement The University of Melbourne's Privacy Policy can be viewed at: unimelb.edu.au/unisec/privacy/studentinfo.html | | | | |
|---|-------------------------------|--|--|--|
| 1. Personal Details 2. Partner Institution | | | | |
| University of Melbourne Student Number: | First preference: | | | |
| Family Name: | Second preference (optional): | | | |
| Given names: | Intake: | | | |
| Languages spoken: I speak another/other language(s) (please list below) 1 | | | | |
| 3. Study Plan | | | | |
| Please specify which Master of International | Business program you are in: | | | |
| ☐ 16 subject program ☐ 12 subject program (I received 50 points Advanced Standing at admission) | | | | |
| Current expected completion date: | | | | |
| ☐ I will have completed 100 points of the MIB by the time of departure to my host institution | | | | |
| ☐ I will have 50 points left to complete of the MIB by the time of departure to my host institution | | | | |

4. Contact Details and Important Information

Permanent Home Address

| Number and Street Name | ÷ | | | |
|---|--|--|--|--|
| Suburb | State | | | |
| Country | Postcode | | | |
| Telephone Number | Mobile Number | | | |
| Email (UoM email addres | s only) | | | |
| Term Address Number and Street Na | □ Same as above | | | |
| Suburb | State | | | |
| Country | Postcode | | | |
| Telephone Number | Mobile Number | | | |
| Dual degree participal means of contacting y | nts must continue to check their UoM email while abroad, as this will be our primary ou. | | | |
| Do you have any chro | onic illnesses or disabilities, or do you suffer from anxiety or depression? □ Yes □ No | | | |
| If yes, are you registered with the Student Equity and Disability Support (SEDS) □ Yes □ No | | | | |
| Do you require the pa | artner institution to provide support/assistance? Yes No | | | |
| | these questions will not disadvantage your application in any way. Our aim is simply to ree students have a smooth transition to their partner institutions. | | | |
| Emergency contact | ot en la companya de | | | |
| Name: | | | | |
| Relationship to you: | | | | |
| Telephone Number: | | | | |
| Email: | Mobile Number: | | | |

6. Declaration

- I declare that all information I have provided in this form is true and complete.
- I declare that all supporting documentation is provided complete and unaltered.
- I acknowledge that the University of Melbourne reserves the right to reverse or vary any decision regarding admission made on the basis of false information.
- If I have misrepresented my past and/or present circumstances I acknowledge that the University may terminate my studies and that the University may terminate my studies at any stage during the course undertaken.
- I understand that if I am awarded a scholarship from the University I must not hold another equivalent award at the same time from the University or any other organisation. If I am awarded a scholarship from the University which is based on false or misleading information I have provided in my application (or subsequently), I will be required to repay to the University any scholarship(s) that I have received. Scholarship benefits include living allowances, fee remission and travel allowances.
- I understand that the personal information that I have provided in my application (or subsequently) may be released to: Australian Commonwealth and State agencies under the Education Services for Overseas Students (ESOS) Act 2000; The Department of Education, Employment and Workplace Relations (DEEWR), and that DEEWR will collect and store my personal information in the Higher Education Information Management System, or as required to be disclosed by law.
- · I acknowledge that all documents submitted become the property of the University of Melbourne and will not be returned.
- If admitted to the dual degree program, I agree to maintain regular contact with MBS for the duration of my studies at the host institution.
- I acknowledge that by accepting a place in the dual degree program, I may be requested to participate in MIB dual degree promotional activities and/or program reviews.

| ac | tivities and/or program reviews. | |
|-----|--|--------------|
| - | Student's Signature | |
| - | Student's Name | |
| - | Date | |
| F | ACULTY STAFF USE ONLY | |
| | Current WAM: | Approved |
| | Personal statement submitted | Not approved |
| | Applicant will have completed 100 credit points at point of departure | Waitlisted |
| | Applicant will have 50 credit points remaining on study plan at point of departure | |
| | | |
| Con | nments | |
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| _ | | |
| _ | | |
| Pro | ogram Director: Date: | |
| | puty Dean: Date: | |