# UNIVERSITY OF WOLLONGONG AUSTRALIA

# INTERNATIONAL ADMISSIONS APPLICATION & PORTFOLIO
## 2023 for 2024

• All international direct applications should be submitted to UOW: future-students@uow.edu.au

• Before filling out this application, please save it to your device, as some fields may not work correctly when used in a browser.

## Personal Details

| | | | | | |
|---|---|---|---|---|---|
| First Name | | Middle Name | | Last Name | |
| Gender | ◯ Male  ◯ Female | DOB (DD/MM/YYYY) | | | |
| Country of Birth | | Country of Residency | | Citizenship | |

## Contact Details

| | |
|---|---|
| Address | |
| City | |
| State | |
| Postal/Zip Code | |
| Country | |
| Email | |
| Phone No. (include Country Code & Area Code) | |
| Mobile | |

## Academic Details

| | |
|---|---|
| **Undergraduate Qualification** (Degree Name: eg. Bachelor of Arts) | |
| Conferring Institution | |
| City | |
| Country | |
| Year Completed | |
| **Postgraduate Qualification** (Obtained: eg. Masters of, PhD in) | |
| Conferring Institution | |
| City | |
| Country | |
| Year Completed | |
| If still studying, expected completion date (DD/MM/YYYY) | |

## MCAT Details

| | | | | | | |
|---|---|---|---|---|---|---|
| Test Date (DD/MM/YYYY) | | City | | | | |
| MCAT Scores | CHEM | CARS | BIO | PSYCH | Overall | |

## GAMSAT Details

| | | | | |
|---|---|---|---|---|
| Test Date (DD/MM/YYYY) | | GAMSAT ID | | |
| GAMSAT Scores | Section 1 | Section 2 | Section 3 | Total |

## Exam Date Details

**\* UOW GSM May consider applications prior to sitting GAMSAT / MCAT**

| | |
|---|---|
| Please indicate the exam date you have registered for (DD/MM/YYYY) | |

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# ADMISSIONS PORTFOLIO 2023 for 2024
## INTERNATIONAL APPLICANTS

First Name                          Last Name

## Leadership

**1**

Name & Address
of Organisation

Postal/
Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
|---|---|---|---|---|

*Who can we contact to verify?*  Full Name

Position

Email

**2**

Name & Address
of Organisation

Postal/
Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
|---|---|---|---|---|

*Who can we contact to verify?*  Full Name

Position

Email

**3**

Name & Address
of Organisation

Postal/
Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
|---|---|---|---|---|

*Who can we contact to verify?*  Full Name

Position

Email

**4**

Name & Address
of Organisation

Postal/
Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
|---|---|---|---|---|

*Who can we contact to verify?*  Full Name

Position

Email

**5**

Name & Address
of Organisation

Postal/
Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
|---|---|---|---|---|

*Who can we contact to verify?*  Full Name

Position

Email

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# ADMISSIONS PORTFOLIO 2023 for 2024
## INTERNATIONAL APPLICANTS

First Name

Last Name

UNIVERSITY OF WOLLONGONG AUSTRALIA

## Capacity To Work With Others

**1**

Name & Address of Organisation

Postal/ Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
|---|---|---|---|---|

*Who can we contact to verify?* Full Name

Position

Email

**2**

Name & Address of Organisation

Postal/ Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
|---|---|---|---|---|

*Who can we contact to verify?* Full Name

Position

Email

**3**

Name & Address of Organisation

Postal/ Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
|---|---|---|---|---|

*Who can we contact to verify?* Full Name

Position

Email

**4**

Name & Address of Organisation

Postal/ Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
|---|---|---|---|---|

*Who can we contact to verify?* Full Name

Position

Email

**5**

Name & Address of Organisation

Postal/ Zip Code

Activities

| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
|---|---|---|---|---|

*Who can we contact to verify?* Full Name

Position

Email

# ADMISSIONS PORTFOLIO 2023 for 2024
## INTERNATIONAL APPLICANTS

First Name          Last Name

## Service Ethic

**1**

| Name & Address of Organisation | | | | Postal/ Zip Code |
|---|---|---|---|---|
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
| *Who can we contact to verify?* Full Name | Position | | Email | |

**2**

| Name & Address of Organisation | | | | Postal/ Zip Code |
|---|---|---|---|---|
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
| *Who can we contact to verify?* Full Name | Position | | Email | |

**3**

| Name & Address of Organisation | | | | Postal/ Zip Code |
|---|---|---|---|---|
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
| *Who can we contact to verify?* Full Name | Position | | Email | |

**4**

| Name & Address of Organisation | | | | Postal/ Zip Code |
|---|---|---|---|---|
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
| *Who can we contact to verify?* Full Name | Position | | Email | |

**5**

| Name & Address of Organisation | | | | Postal/ Zip Code |
|---|---|---|---|---|
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year Total Per |
| *Who can we contact to verify?* Full Name | Position | | Email | |

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# ADMISSIONS PORTFOLIO 2023 for 2024
## INTERNATIONAL APPLICANTS

First Name                    Last Name

## High Level of Performance in an Area of Human Endeavour

**1**

| Name & Address of Organisation | | | | Postal/ Zip Code |
| --- | --- | --- | --- | --- |
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
| *Who can we contact to verify?*  Full Name | Position | | Email | |

**2**

| Name & Address of Organisation | | | | Postal/ Zip Code |
| --- | --- | --- | --- | --- |
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
| *Who can we contact to verify?*  Full Name | Position | | Email | |

**3**

| Name & Address of Organisation | | | | Postal/ Zip Code |
| --- | --- | --- | --- | --- |
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
| *Who can we contact to verify?*  Full Name | Position | | Email | |

**4**

| Name & Address of Organisation | | | | Postal/ Zip Code |
| --- | --- | --- | --- | --- |
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
| *Who can we contact to verify?*  Full Name | Position | | Email | |

**5**

| Name & Address of Organisation | | | | Postal/ Zip Code |
| --- | --- | --- | --- | --- |
| Activities | | | | |
| Position Title | Start Date | End Date | Approx Hours | Week Month Year  Total Per |
| *Who can we contact to verify?*  Full Name | Position | | Email | |

UNIVERSITY OF WOLLONGONG AUSTRALIA

# University of Wollongong - Graduate School of Medicine
# ADMISSIONS APPLICATION CHECKLIST

First Name                                          Last Name

Please complete the checklist below to ensure your application is complete and will be processed

I have completed all my personal and contact details on the front page of the form

I have completed the details of my most recent undergraduate degree and highest postgraduate degree

I have completed the details of my GAMSAT/MCAT results (if available)

I have registered to sit Casper on the next available date for International applicants

I have completed all applicable sections of my portfolio and included verifiers for activities

I have attached:

Your completed UOW MD Admissions form (this document)

Scanned copies of all verified academic transcripts (or electronic statements of results for incomplete courses)

Scanned copies of your verified GAMSAT/MCAT results notification (if available)

Scanned copy of your passport

**Conditions of application:**
Any incomplete or incorrect forms will not be considered.
Any applicants found to be making deliberately false or misleading statements will be removed from the process.

Yes, I understand the above conditions and declare the information I have provided to be true and correct

Date

**When this checklist is complete and email is sent - your application is ready for processing. Good luck!**

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