

APPLICATION

POSTGRADUATE COURSEWORK

MASTER OF COUNSELLING

The School of Psychology &
The School of Social Work & Human Services



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

Brisbane QLD 4072
CRICOS Provider Number 00025B

INSTRUCTIONS AND GENERAL INFORMATION

- Applications for **first semester are due by 30 November of the preceding year for domestic applicants; and 30 September of the preceding year for international applicants.** There is no semester 2 intake for this program.
 - Late applications may be accepted, but consideration cannot be guaranteed.
 - Submit your completed application, curriculum vitae and two referee reports to:
 - Domestic Applicants:
School of Social Work and Human Services
Master of Counselling Applications
The University of Queensland
Brisbane 4072
 - International Applicants:
UQ International Admissions Section
The University of Queensland
Brisbane 4072, AUSTRALIA
 - Applications sent by fax or email cannot be considered
 - Satisfactory applications will then progress to Interview, as determined by the School of Social Work and Human Services.
 - Successful applicants will be advised on enrolment procedures, relevant dates and fees and charges.
- Further information on postgraduate studies including scholarships, fees and charges, remote status application materials and links for international students is available at www.uq.edu.au/study

Privacy Statement

The University of Queensland complies with Australian and Queensland privacy laws and guidelines. Information collected is treated as confidential and is used for administrative or educational purposes only and to keep in touch with you after you graduate. To comply with legal and administrative obligations personal information is supplied to government agencies. Personal information will not be disclosed unless you agree or the law requires disclosure. Personal information may be used to prepare statistical information which is then distributed in a form that does not identify anyone.

Disability support

The University is committed to accessibility in teaching, learning and the physical environment and a number of facilities and services are available. Students with a disability should contact a Disability Advisor the year before they intend to commence studies at UQ. Disability Advisor: www.uq.edu.au/student-services (see Disability Program) Phone (07) 3365 1704.

OFFICE USE ONLY

EMPL ID:

APPLICATION NO:

1 PERSONAL DETAILS

Name:

Title: _____

Family name: _____

Given names: _____

Preferred name: _____

Gender: Female Male

Date of Birth:

Day: _____ Month: _____ Year: _____

Your University of Queensland Student Number (if known)
or previous name (if enrolled under another name)*

- Citizenship:
- Australian citizen
 - New Zealand citizen*
 - Australian permanent resident*
 - Australian permanent resident (Humanitarian Visa)*

*Please supply certified documentary evidence.
If none of these categories, please apply on application form for International students.

2 CONTACT DETAILS

Mailing Address:

Country: _____

Street name & no: _____

Suburb/Town: _____

Postcode: _____ State: _____

Telephone:

Home: _____

Work: _____

Mobile: _____

Email: _____

3 INTENDED STUDY MODE

Full-time Part-time

4 ACADEMIC QUALIFICATIONS

Complete certified academic transcripts of degrees and diplomas undertaken must be attached, unless qualifications are from The University of Queensland. Please ensure that the transcripts include titles of subjects/courses/units and grades awarded. Photocopies and translations must be officially certified as true copies of the original documents.

Name of Degree/Diploma (including level of honours)	Name of Institution	Date Awarded (or years enrolled if incomplete)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5 ENGLISH PROFICIENCY

Is English your first language? Yes No Only complete this section if English is not your first language

Please indicate below how you will meet UQ's English proficiency requirements. One box must be checked.
(visit www.uq.edu.au/international/language-requirements)

I achieved the required grade in an English subject listed in UQ's English entry requirements and evidence is attached.

I sat an academic IELTS, TOEFL or other English language proficiency test accepted by UQ and evidence is attached. Enter the test date: _____

Note:

Test results are only valid for two years from the date of the test. Test results must still be valid the month your UQ degree program starts or they cannot be accepted. UQ will not accept institutional TOEFL tests, photocopies or certified copies of examinees' TOEFL results. If you have not done so already, you must ask your TOEFL testing centre to send your official results to UQ. UQ's TOEFL code is 0987. If you sat an IELTS test and you can provide an IELTS Test Report Form (TRF) number you do not need to provide an official copy of your IELTS results to UQ. My TRF number is: _____

I intend to sit an English proficiency test that is accepted by UQ on: _____

Other. Please provide details and attach documentation: _____

For further information on University of Queensland English proficiency requirements please see section 30.40.14 of the *Handbook of University Policies and Procedures* available at www.uq.edu.au/hupp/index.html?page=25467&pid=25075

6 CREDIT/EXEMPTION

I wish to apply for credit in the following courses. Please note: credit will not be assessed unless original or certified copies of academic transcripts are attached, together with course/subject outlines. **Attach separate sheet if insufficient space.**

Source Institution Information					UQ Information (if applicable)			OFFICE USE ONLY
Credit	Exem	Course Code	Course Title	Units	Course code	Course Title	Units	Approved
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

OFFICE USE ONLY

12 RECOMMENDATION OF HEAD OF SCHOOL (or nominee)

A Candidate qualified and recommended for admission: Yes No

Special conditions/comments:

B Proposed attendance: Full-time Mode: Internal
 Part-time External

C Recommended credit for previous studies: (refer to section 5 Credit/Exemption)

Total Units: _____ Comments: _____

D Academic Advisor/Program coordinator:

13 STATEMENT BY EXECUTIVE DEAN / ASSOCIATE DEAN, TEACHING AND LEARNING

Candidate approved: Yes No Credit for previous studies approved: Yes No

Special conditions/comments:

Name

Signature:

Date:

Action	Status	Action Officer - Initial/Date	Comments
Internal Academic record attached			
Si-net entry – search/match			
Enter Application details <ul style="list-style-type: none"> ▪ Evaluate ▪ Decision recorded ▪ Matriculate ▪ Term Activate 			
Enrolment Pack posted			
File			