**Queensland Emory Development Alliance
(QED)**

**APPLICATION FOR EMORY-UQ**

**Research Exchange**

CRICOS Provider Number 00025B

**For international doctoral students**

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| **PERSONAL INFORMATION** |
| Family name(s):  |  |
| First given name: |  |
| Other given name(s): |  |
| Title: |  |
| Date of birth: |  | Passport Number: |  |
| Gender: | [ ]  Male [ ]  Female |
| Email address: |  |
| Alternative email address: |  |
| Mobile/Cell phone: |  |
| Other telephone: |  |
| Please provide your name as given on your passport, or other official documentation.Your email address should be one you intend to check regularly. Correspondence regarding your application will be sent to this email address. |

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| **CITIZENSHIP AND RESIDENCY** |
| Country of citizenship: |  |
| Country of birth: |  |
| Country of current residence: |  |

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| **PERMANENT ADDRESS** |
| Provide a permanent address. |
| Country: |  |
| Address: |  |
| City/Suburb: |  |
| State/Province |  |
| Post / zip code: |  |
| It is an Australian government requirement that students who are studying in Australia on a temporary visa, such as a student visa, must provide a permanent overseas address.  |

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| **MAILING ADDRESS (if different from permanent address)** |
| Country: |  |
| Address: |  |
| City/Suburb: |  |
| State/Province |  |
| Post code: |  |

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| **PERMISSION TO RELEASE INFORMATION** |
| I authorise the following person to access details regarding my application: |
| Name: |  |
| Relationship to you: |  |
| You are not required to authorise the release of information or documents relating to your application to another person, but are welcome to do so. |

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| **RESEARCH EXCHANGE DETAILS** |
| If you have previously been an applicant, student or member of staff of the exchange partner, please complete the following (if known):Student Number: Staff Number: |
| Exchange Partner school/institute: |  |
| Proposed Exchange Partner Supervisor: |  |
| Exchange Commencement date: |  | Exchange Completion date: |  |
| Describe the research you intend to conduct at the exchange partner. . (max 200 words) |  |
| Explain the methods of analysis you will use in your research. (max 100 words) |  |
| Explain how this research will advance your work towards the PhD. Explain how your proposed research fits into your dissertation project. (max 100 words) |  |
| Do you have, or are you applying for funding to support this exchange? Please **list** funding source, amount and whether you have applied or have been successful. |  |
| Research students at UQ are enrolled through a [school or institute](http://www.uq.edu.au/grad-school/school-institute-contacts) for their program of study. Research study at UQ operates under four [research quarters](http://www.uq.edu.au/grad-school/research-quarters) a year. It is preferred that students aim to start, where possible, within the first month of a research quarter. Emory operates under a semester schedule with 3 semester/year. Students desiring to take classes must plan on participating in the exchange for a full semester. Students desiring to conduct research only need not adhere to the semester schedule. |

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| **CURRENT STUDY DETAILS** |
| Research project title: |  |
| Name of home institution: |  |
| Home institution Advisor: |  |
| Date of enrolment: |  |
| Intended completion date: |  |
| Applicants must be currently enrolled as a doctoral student and have completed a minimum of one year of full time study towards their doctoral program at the home institution before commencing studies at the host institution. UQ students must have successfully completed their confirmation milestone.  |

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| **HEALTH COVER (OSHC)** |
| [ ]  I am an Emory student and will be studying for less than 12 weeks and my healthcare coverage is provided by Emory’s insurance policy. (You may skip to the next section)[ ]  I am a UQ student studying at Emory and will be covered by UQ’s insurance policy for the duration of my studies. (You may skip to the next section)[ ]  I am an Emory student studying in Australia for more than 12 weeks and will be on a student visa, so require Overseas Student Health Cover. (you must complete the section below) |
| An international student who will be studying at UQ on a student visa must maintain Overseas Student Health Cover (OSHC) for the duration of the student visa in Australia.UQ can organise visa-length cover with its preferred provider on your behalf.  |
| I would like UQ to arrange: | [ ]  Single premium OSHC[ ]  Dual family premium OSHC[ ]  Multi-family OSHC |
| I do not want UQ to arrange: | [ ]  I will arrange my own health cover for the duration of my student visa.[ ]  I am covered by a government insurance scheme recognised by Australia. |
| Single premium health cover is for yourself only; Dual family premium health cover is for yourself and one other dependent; Multi family premium health cover is for yourself and multiple dependents.You can arrange your own health cover through any government approved [OSHC provider](http://www.health.gov.au/internet/main/Publishing.nsf/Content/Overseas%2BStudent%2BHealth%2BCover%2BFAQ-1#insurersofferoshc). If you arrange your own health cover you must provide us with a copy of the policy prior to accepting an offer to study at UQ. The policy document must include the policy start and end date, and the level of cover.The Australian government currently has a reciprocal student health cover arrangement with Belgium, Sweden and Norway. Further details can be found [here](http://www.health.gov.au/internet/main/Publishing.nsf/Content/Overseas%2BStudent%2BHealth%2BCover%2BFAQ-1#insurersofferoshc), including restrictions for Swedish students. |

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| **EVIDENCE AND DOCUMENTS** |
| You are required to provide evidence and documentation to support your application, as follows:Academic record, including evidence of current doctoral studies.This application must be sent to the exchange partner institution from the nominated research exchange representative at your home institution. |
| Assessment may be delayed if your application is incomplete.***Once complete, sign the form and send a copy to your home institution research exchange coordinator.*** *The University of Queensland Emory University**UQ Graduate School Laney Graduate School* *Ms Kate Swanson Dr Roy Sutliff*graduateschool@uq.edu.aursutlif@emory.edu |

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| **SUBMISSION TERMS AND CONDITIONS** |
| As the Applicant, I declare that:-1. I have completed and hereby submit my Application in accordance with the information and explanatory notes provided;
2. the Application Information is true, up to date and complete and is a full and frank disclosure of information pertinent to my enrolment; and
3. there are no reasons (legal or otherwise) that would prevent me from submitting the Application Information;

I further understand and agree that:-1. the Application Information, when submitted to the University, becomes the property of the University and will not be returned to me;
2. I must promptly inform the University of:
	* Any change to the Application Information that may affect the Application; and
	* Any Application Information that is or becomes false, incorrect, incomplete or misleading;
3. should I become a student of the University, there is an ongoing obligation for me to provide and update the University with true, relevant and current information for the period of my enrolment;
4. the University limits and excludes its liability for loss of and errors in relation to Application Information; and
5. the University may at any time reject or suspend the Application or may vary or cancel any decision (including any offer) it makes in relation to the Application if the University has reasonable grounds to believe any part of the Application Information, or any declaration I have given, is or has become false, incorrect, incomplete or misleading;

I provide the University and its personnel (including contractors assisting the University) with permission to:-1. confirm my academic results as provided by me, from other institutions directly or through third parties, such as Qualsearch;
2. use and disclose the Application Information as the University requires for the purposes of administering the Application (which includes storing, evaluating, verifying and otherwise processing the Application Information);
3. transfer the Application Information to, and receive it from, persons (including individuals, companies, government bodies and other entities) outside of Australia if I am outside of Australia or if the University requires for any purposes; and
4. take any lawful action they require if the Application Information is incorrect, untrue or misleading in any respect or is not up to date (including modifying information or taking legal or other action).

*Giving false or misleading information is a serious offence under the Australian Criminal Code (Commonwealth).* |

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| **PRIVACY STATEMENT** |
| The information on this form is collected for the purpose of assessing your Application for Admission and Scholarship. Information on this form may be disclosed to relevant bodies for the assessment or verification of the claims made in this application. Otherwise the information you provide will not be disclosed to a third party without your consent, unless disclosure is authorised or required by law. For further information please consult the [UQ Privacy Management Policy](https://ppl.app.uq.edu.au/content/1.60.02-privacy-management) and [Emory Privacy Policy](http://www.policies.emory.edu/8.3).By submitting an application to UQ you warrant and consent to the use and storage of confidential documents and your personal information or personal data provided by you or your home institution by UQ which information will be used for the purposes of the exchange program. |

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| **ENDORSEMENT** |
| I certify that I have read and agree to the Submission Terms and Conditions and the Privacy Statement: |
| Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **INTERNAL USE ONLY** |
| **ENDORSEMENT – ADVISORY TEAM** |
| * I endorse this applicant’s request for admission to the Research Exchange program.
* I agree to support the applicant to carry out the agreed project and program, which is to be completed within the duration specified in this form (extensions will not be permitted).
* I certify that I have sufficient expertise, time and resources to be an advisor for this applicant.
* In all matters relating to this applicant’s advisory team, I agree to be responsible to the Head of School/Institute Director and Dean of the UQ Graduate School, and to abide by [UQ rules and policies](http://ppl.app.uq.edu.au/content/4.60-research-higher-degree-candidates) / [Emory rules and policies](http://www.policies.emory.edu/8.3).
* I undertake to ensure that the applicant will obtain and comply with all necessary ethical clearance and other regulatory requirements.

**CURRENT PRIMARY ADVISOR ENDORSEMENT** |
| **Role** | **Institution** | **Name** | **Signature** | **Date** |
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| **EXCHANGE PARTNER PRIMARY ADVISOR ENDORSEMENT** |
| **Role** | **Institution** | **Name** | **Signature** | **Date** |
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| **ENDORSEMENT - POSTGRADUATE COORDINATOR / DIRECTOR OF GRADUATE STUDIES** |
| * I endorse this applicant’s request for admission to the Research Exchange
* I certify that the nominated advisor(s) have agreed to act as an advisor for this applicant, to be responsible to the Head of School/Institute Director and Dean of the Graduate School, and to abide by the relevant [UQ rules and policies](http://ppl.app.uq.edu.au/content/4.60-research-higher-degree-candidates) or [Emory rules and policies](http://www.policies.emory.edu/8.3) as applicable.
* I agree to oversee the school/institute interactions with the student to comply with the requirements of the [Education Services for Overseas Students (ESOS) Act 2000 and the National Code](https://internationaleducation.gov.au/regulatory-information/education-services-for-overseas-students-esos-legislative-framework/esos-regulations/pages/default.aspx). (Applies to UQ staff only)
* I certify that the school/institute can provide all appropriate resources, including facilities, equipment, funding and advisory support, for the agreed project and program, which is to be completed within the duration specified in this form (extensions will not be permitted).
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| **Role** | **Institution** | **Name** | **Signature** | **Date** |
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