This form is for students applying for an exchange as a part of the Masters of Research Exchange Program. Please note students can apply if they are nominated by an approved partner university. (Referred to as the Home University)

Accompanying Documents. Scanned copies ARE accepted by Macquarie University. Original documents will need to be provided when you arrive at Macquarie University for enrolment:

1) Nomination Letter from your home University
2) This completed application form for exchange to Macquarie University with Proposed Study Program completed including as much detail as is possible
3) Scan of the ID page of your Passport
4) English Language Test Results (if applicable). IELTS or TOEFL accepted. For further details visit: https://www.mq.edu.au/research/phd-and-research-degrees/how-to-apply
5) Motivational cover letter, detailing reasons why you would like to study or do research at Macquarie University
6) Your current Curriculum Vitae
7) Your academic transcript

Contact:
Please submit this form and attachments to:

Office of Higher Degree Research Training and Partnerships
Level 3, Office 396
17 Wally’s Walk East
Macquarie University NSW 2109
exchange@mq.edu.au
Section 1: Personal Details

Mr ☐  Mrs ☐  Ms ☐  Miss ☐

Family Name: _______________________________________

First Names: _______________________________________

Former Name (if applicable): ___________________________

Sex:  Female ☐  Male ☐

Date of Birth  ____________

Section 2: Contact Details

Street Address: _________________________________________________________________

Town/Suburb:___________________________  State/City: _______________________

Postcode: ______________________________  Country: __________________________

Phone: _______________________________  Mobile: __________________________

E-mail: ________________________________

Contact Address for Correspondence (ONLY IF DIFFERENT FROM THE ABOVE ADDRESS)

Street Address: _________________________________________________________________

Town/Suburb:___________________________  State/City: _______________________

Postcode: ______________________________  Country: __________________________

Section 3: Inbound

Inbound: A candidate currently enrolled at an approved International Partner University –
https://www.mq.edu.au/research/phd-and-research-degrees/explore-research-degrees/cotutelle-
and-international-opportunities/master-of-research-exchange

Yes ☐  Home University: _________________________________________________________

Section 4: Citizenship

Country of Citizenship (as shown in your passport) _____________________________

Country of Birth _____________________________

Is English your first language?

Yes ☐  No ☐  ⇒  If “No” please list you first language: _____________________________

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Section 5: English Proficiency

Proficiency in the English language is a requirement for admission to all research programs at Macquarie University, including the exchange program. English language proficiency requirements may be met by either having obtained a university-level qualification from an institution in an English-speaking country or by obtaining appropriate results in either the International English Language Testing System (IELTS) or the Test of English as a Foreign Language (TOEFL).

Macquarie University’s minimum TOEFL and IELTS requirements are as follows:

- **Computer-based TOEFL**
  An overall of 237 with no less than 19 in Listening, 19 in Reading, 25 in Structure/Writing and 5.0 in the Writing Examination.

- **Paper-based TOEFL**
  An overall of 580 with 53 in Listening, 52 in Reading, 59 in Structure/Writing and 5.0 in the Writing Examination.

- **Internet-based TOEFL**
  An overall score of 92, with 23 in Speaking, 18 in Listening, 22 in Writing and 17 in Reading.

- **Academic IELTS**
  An overall of 6.5 with no less than 6.0 in each band.

IELTS and TOEFL test results are valid for two years from the date of the test. Please provide valid IELTS or TOEFL results with your application.

Academic IELTS Overall Score: ______________
______Listening ________Reading ________Writing ________Speaking

TOEFL Overall Score: ______________

Date of test: _______________________

Section 6: Academic History

Home Institution (where you are currently enrolled): ________________________________

Country: ________________

Current Degree Course of study at home institution: ________________________________

Percentage of course which is classified as research (if known): ______________________

Please go to the next page to complete the Proposed Study Program Form
Masters of Research Exchange
Proposed Study Program
INBOUND Student – Year 1

Exchange Details:

Home University: ______________________________________________________________

I am intending to undertake exchange in the Master of Research:
   (a) Year 1 - Semester 1
   (b) Year 1 - Semester 2

Total period of Exchange from (dd/mm/yy) ______________ to (dd/mm/yy) _______________

Course Requests:
You will need to check the Macquarie University handbook http://www.handbook.mq.edu.au/2019/. Please ensure that you are looking at the correct course offerings (e.g. Semester 1 at Macquarie might be Semester 2 at the partner university) and that you meet any prerequisites.

Please note these are requests only and completion of this form does not guarantee enrolment. We will contact the relevant department/faculty to see if you meet the requirements of the course and are eligible to enroll.

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<tr>
<th>Macquarie University Course Information* (in order of priority)</th>
<th>Academic Course Approval (MQ MRes Advisor to sign here. MQ use only)</th>
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*The Macquarie University units selected must be Master of Research units http://handbook.mq.edu.au/2019/ Your Macquarie University Master of Research Advisor will contact you to confirm the most appropriate unit selection for you before they approve your exchange.

Declaration
I wish to be considered for MRES Exchange course at Macquarie University and declare that the information submitted is correct and complete.
I have read and consent to the University's Privacy Policy, as set out at http://www.mq.edu.au/privacy/privacy.html

Signature of Candidate: ________________________________ Date: ______________

FOR OHDRTP OFFICE USE ONLY:

Associate Dean (HDR)/MRes Director: ________________________________ Date: ______________

Director HDR Office/Delegate: ________________________________ Date: ______________
Masters of Research Exchange
Proposed Study Program
INBOUND Student – Year 2

Exchange Details:
Home University: ______________________________________________________________

I am intending to undertake exchange in the Master of Research in Year 2 for a total duration of:
__________ months

Total period of Exchange from (dd/mm/yy) _____________     to (dd/mm/yy) _______________

Thesis Title: __________________________________________________________________

Home University Supervisor/s: ___________________________________________________

Potential Macquarie University Supervisor/s*:________________________________________

*Macquarie University academic staff qualified to supervise research students are listed on the University’s Macquarie
University Supervisor Register https://www.mq.edu.au/research/phd-and-research-degrees/how-to-apply/find-a-supervisor

Please attach a detailed study plan on how the proposed exchange will fit into your home
University degree, including your plan to complete your thesis within the required timeframe for
your Home University.

Please include evidence of your communication with your proposed Macquarie University
Supervisor/s and their ability to supervise your research.

The study plan will need to be approved by the appropriate Macquarie University supervisor/MRes
Advisor and endorsed by the Faculty Associate Dean HDR/MRes Director.

Declaration
I wish to be considered for MRES Exchange course at Macquarie University and declare that the information
submitted is correct and complete. I have read and consent to the University’s Privacy Policy, as set out at
http://www.mq.edu.au/privacy/privacy.html

Signature of Candidate: ________________________________________         Date: ____________

OHDRTP OFFICE USE ONLY
MRES Advisor/Supervisor: ________________________________________         Date: ____________

Associate Dean (HDR)/MRes Director: _____________________________       Date: ____________

Director HDR Office/Delegate:            _____________________________        Date: ____________