

UNIVERSITY OF SOUTHERN QUEENSLAND

POSTGRADUATE SCHOLARSHIPS

APPLICATION FORM

I am applying for the following scholarship:
1. PERSONAL DETAILS
NAME
Title: Family Name:
Given Name/s:
Are you of Australian Aboriginal or Torres Strait Islander descent (proof required)?
USQ Student Number (if known)
MAILING ADDRESS
No. and Street:
Suburb/Town/City: State: Postcode:
Country:
DATE OF BIRTH (COMPULSORY)
Day Month Year Male Female
CONTACT INFORMATION
Daytime telephone number: Mobile number:
Email: Fax:
Email: Fax:
CITIZENSHIP INFORMATION
Australian Citizen Granted Australian permanent residence status International Student
O VOUD ACADOMIC DROCRAM COLOCTION
2. YOUR ACADEMIC PROGRAM SELECTION (In order of preference) (Refer USQ Handbook at www.usq.edu.au/handbook/current Doctor of Philosophy refer to www.usq.edu.au/researchinfo/)
In order of preference Refer USQ Handbook at www.usq.edu.au/handbook/current Doctor of Philosophy refer to www.usq.edu.au/researchinfo/
(e.g. MEd) (e.g. Master of Education) (e.g. Master of Education)
*Commencement in Semesters 2 and 3 are not available for all Programs

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	Senior/Yr 12 GCE 'A' Level)	Start Date	Completion Date	Scho	ol or Institution	С	ountry	Language of Instruction
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SCHOLARSHIP OFFICE STUDENT SERVICES UNIVERSITY OF SOUTHERN QUEENSLAND **WEST STREET**

Date:

TOOWOOMBA 4350 QLD AUSTRALIA

Note: Please use a separate application form for each scholarship you wish to apply for. Documents that you provide in support of your application must be copied and attached to each application form. You may either photocopy this form or download additional copies from www.usq.edu.au/scholarships.

PRIVATE & CONFIDENTIAL,

8. DECLARATION

PLEASE SEND TO:

Signature: