

LCI Melbourne +613 9676 9000 info@lcimelbourne.edu.au www.lcimelbourne.edu.au PO Box 1219, Collingwood VIC 3066 150 Oxford St, Collingwood VIC 3066 ABN 97 585 592 579 CRICOS No. 02201G

STUDENT EXCHANGE PROGRAM APPLICATION FORM - OUTGOING

Applicant Details		
First Name	Family Name	Student No.
Address		
Suburb/Town	State	Postcode
Phone Number	Mobile	
Email		
Currently Enrolled in BDA (please tick area of m ☐ Filmmaking & Photography ☐ Graphic & Digit		
The Semester you are Applying for (please tick) ie: (European) Spring Summe Commencement Date	_	
Institution you are applying for		
Please check the institution's website to fami current requirements for student visas for the institution and country.		offered and semester dates. Also check to demonstrate that you have researched the
Academic Results Year 1		
Year 2		
Details of competitions entered while attending LC	I Melbourne, and any awards &	prizes received
Languages spoken and level of fluency		
Please describe how you see your role as ambassa	ador for LCI Melbourne (include a	n outline of what you have done in this area to date)
Please outline of how this exchange will benefit yo	u	
Exchange Declaration I declare that I have read, understood and agree to the coagree that in accepting it that the offer may be withdrawn relating to the exchange. I agree to pay the full tuition fees	at the discretion of the Director of LC	I Melbourne if I do not meet each and all of the conditions
Signature		Date