



Continuing Veterinary Education
Division of Veterinary and Biomedical Sciences
Murdoch University

VISITING VETERINARIANS' SCHEME BRIEF

PLEASE RETURN COMPLETED FORM TOGETHER WITH PAYMENT OF \$AUD27.50 TO:

THE DIRECTOR, CONTINUING VETERINARY EDUCATION
MURDOCH UNIVERSITY
SOUTH STREET
MURDOCH WA 6150, AUSTRALIA

1. Name: _____

2. Postal Address: _____

3. Telephone: (W) _____ (H) _____
Fax: _____ E-mail: _____

4. Date of Birth: _____ Sex: _____

5. Field of Interest _____



MURDOCH
UNIVERSITY
PERTH, WESTERN AUSTRALIA

6. Expectations of Visit:

7. Do you have a staff member in mind that you would like to work with?

8. How much tuition do you anticipate?

9. Do you wish to do any research while here? If so, in what field?

10. Duration of proposed visit? _____

11a. What is your first language? _____

11b. If English is not your first language, how proficient are you with English? (Give details of IELTS, TOEFL or equivalent results and include a certified copy of the official transcripts of these results)

12. How do you expect to fund your trip to Perth, your living expenses and your tuition fee to the University?

13. Do you require accommodation and orientation to be organised for you? _____

14. Will you be accompanied to Perth by family. If so, who?

COMMENTS: _____
