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Application Form

**Student Exchange Programme**

*Please TYPE when completing this form.*

1. Before completing this form, applicants must ask their home university to nominate them to the University of Suffolk. Nominations should be sent to the Study Abroad Adviser at: erasmus@uos.ac.uk

2) Complete the application form.

3) Scan and send the ‘personal details’ page of your passport or ID card.

4) Post, or e-mail a scanned copy of your application to erasmus@uos.ac.uk.

5) Application deadline is: 31 May for September entry or 31 October for January entry

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| **A** | **PERSONAL DETAILS** | | |
| **Title:** | | **Gender:** | |
| **Family Name(s):** | | **Nationality:** | |
| **Given Name(s):** | | **Country of Permanent Residence:** | |
| **Date of Birth (day, month, year):** | | **Country of Birth:** | |
| **Permanent Address:**  **Country:** | | **Passport Number:**  **Place of Issue:**  **Expiry Date:** |  |
| **Phone Number (including country code):** | | **E-mail address:** |
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| **B** | **PROGRAMME OF STUDY AT THE UNIVERSITY OF SUFFOLK** | |  |
| **Proposed Entry Date:** | | **Number of credits required:** |  |
| **Study Period**: Semester One Only / Semester Two Only / Full Academic Year | | |  |

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| **C** | **ACADEMIC BACKGROUND** | |
| **Name of college/university you are currently attending:** | | |
| **Title of your current programme of study (degree title):** | | |
| **Name of your International Exchange Coordinator:**  **E-mail:**  **Tel:**  **Fax:** | | |
| **Please list any class(es) that you are/will be enrolled in that is/are not shown on your transcript at the time of application:** | | |
| TITLE: GRADES: | | CREDITS: |

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| **D** | **MODULE SELECTION** |

• In order of preference, list your preferred modules on the left hand half of the page and enter alternative choices in the right column. (Some of your first choice modules may be full, have been changed, are unavailable, or, if from different academic years, taught at the same time etc.)

• To view the module listings go to: <https://www.uos.ac.uk/sites/default/files/Module%20Directory.pdf>

And select the course you are interested in. Here you will find the Course modules listed. For a full description of the modules, please contact erasmus@uos.ac.uk

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| **1st Choice:** | | **Alternate Choice:** | |
| **Module**  **Code:** | **Module Title:** | **Module**  **Code:** | **Module Title:** |  |
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| **E** | **LEVEL OF ENGLISH (Only complete if first language is not English)** |
| **Level of spoken English:** | |
| **Level of written English:** | |
| **Attached evidence of that ability (any formal English language qualifications taken)**  **(Please note: Applications without this will not be accepted)** | |

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| **F** | **DISABILITY OR SPECIFIC LEARNING DIFFICULTY/DIFFERENCE (INCLUDING DYSLEXIA)** |
| **Please give details of any learning support needs, including any disability, medical condition and mental health issue for which you require specific support.** | |

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| **G** | **CRIMINAL CONVICTIONS** |
| **Do you have any criminal convictions?** | |

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| **H** | **ACCOMMODATION** |
| Please visit our website to view the accommodation options open to you.  [www.uos.ac.uk/content/accommodation](http://www.uos.ac.uk/content/accommodation) | |

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| **I** | **SUPPORTING STATEMENT** |
| Write a supporting statement, which briefly outlines your objectives and tells us why you want to study abroad? (Maximum 300 word | |

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| **J** | **Checklist** |
| Send:   1. This **application form** 2. Scan of your **passport personal details page or ID card** 3. **Official transcript** of your academic results so far 4. **Evidence of English Language Ability** | |

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| **K** | **DECLARATION BY APPLICANT** |
| **I declare that the information I have provided is correct and complete to the best of my knowledge.**  **Signature Date** | |

*The University works within the British Data Protection Act 1998. The personal data which you provide on this form will be used to administer your application and, if you are successful, the arrangements for your participa- tion in the programme. As part of this, data may be passed to your supporting organisation in your home coun- try. By signing this form you will be giving consent to such uses and transfer of your data. If you have any queries about data use contact the International Student Officer.*

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| **K** | **DECLARATION BY HOME UNIVERSITY** |
| **I confirm that this student has been selected to study at the University of Suffolk under the Student exchange agreement.**  **Signature Date & Stamp** | |