

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

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:	Passport Number:
	Place of Issue:
	Expiry Date:
Country:	
Phone Number (including country code):	E-mail address:

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	

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)	

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.	

G	CRIMINAL CONVICTIONS
Do you have any criminal convictions?	

H	ACCOMMODATION
Please visit our website to view the accommodation options open to you. www.uos.ac.uk/content/accommodation	

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

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	

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 participation in the programme. As part of this, data may be passed to your supporting organisation in your home country. 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.

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