



# APPLICATION FORM FOR STUDY ABROAD

Please complete the form in block capitals and return to International Recruitment Office.

STUDENT NUMBER						

1. PERSONAL DETAILS				
Surname/Family Name	Forename(s) (in full)			
Previous Surname/Family Name	Date of Birth (DD/MM/YY)	Gender	Marital Status	Occupation

Term time address	Next of Kin: Name, Address & relationship to applicant
Post Code	Post Code
Telephone Number (including Area code)	Telephone Number (including Area code)
Email address UWTSD	
Email address personal	Email address

Country of domicile	Nationality	Ethnic Origin Religion (optional)
Have you a disability or additional need(s) Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have any medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the nature of your disability/additional need(s)/medical condition?		
Contact details of Medical Doctor:		

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Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details including nature of offence:
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<b>2. CURRENT PROGRAMME OF STUDY</b>
Title of course

PROPOSED PROGRAMME – Turing / GWD / UWTS Semester abroad	PROPOSED SEMESTER & YEAR OF EXCHANGE
HOST UNIVERSITY	

<b>3. FINANCE</b>	
Name of individual or organisation who will be providing your funding	Is this definite or proposed? <i>Definite</i> <input type="checkbox"/> <i>Proposed</i> <input type="checkbox"/>
<i>Please note that evidence of financial support or award will be required prior to the exchange</i>	

<b>4. YOUR EDUCATION</b> You must include copies of your results (transcripts) with your completed application form – you can request this from registry.
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<b>6. DETAILS OF PAID EMPLOYMENT / EXPERIENCE</b>						
Names and addresses of recent employers	Nature of work	From		To		PT/ FT
		Month	Year	Month	Year	

Do you meet any of the following criteria? Evidence will be required.

- Students with low household income or low socio-economic status (including those with an annual household income of £25,000 or less)
- Students receiving Universal Credit or income-related benefits because they are financially supporting themselves or financially supporting themselves and someone who is dependent on them and living with them, such as a child or partner
- Students who are care-experienced
- Students who have caring responsibilities
- Neither of the students' parents can be found or it is not reasonably practicable to get in touch with either of them (estranged students)
- Refugees and asylum seekers

**7. WIDENING ACCESS**

Please use this space to tell us why you think International mobility is right for you?

*If this space is not sufficient you may attach additional sheets to your application form*

**9. DECLARATION**

I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided.

Signature of Applicant	Date (DD/MM/YY)
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Return to the International Recruitment Unit  
Remember to include:  
Copy of Transcript  
Copy of Passport

How did you hear about the Study Abroad Programme:  
.....  
.....  
.....

**FOR UNIVERSITY USE ONLY**

<b>INSTITUTE DECISION</b> <i>(Please tick box)</i>	Accept Conditional <input type="checkbox"/>	Accept Unconditional <input type="checkbox"/>	Reject <i>(please provide reason(s) in comments box below)</i> <input type="checkbox"/>
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<b>WALES GLOBAL ACADEMY DECISION</b> <i>(Please tick box)</i>	Accept Conditional <input type="checkbox"/>	Accept Unconditional <input type="checkbox"/>	Reject <i>(please provide reason(s) in comments box below)</i> <input type="checkbox"/>
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Name of Interviewer	Signature of Interviewer	Date <small>(DD/MM/YY)</small>
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Comments

Institute approval  
The Programme Director/Head of Department must approve the application prior to processing the mobility.

Name:

Position:

Signature: