

## Application Form for Erasmus/ Exchanges/ Study Abroad

This form should either be completed electronically using Adobe Acrobat Reader, or if you wish to fill out the form by hand, please complete in BLOCK CAPITALS and use black ink.

Title Mr/Mrs/Miss/Ms/Other  Surname / Family Name  Previous Surname (if applicable)					
Previous Surname (if applicable)					
, , , ,					
Forenames / Given Names					
Date of Birth (DD/MM/YYYY)					
Gender					
Nationality					
Country of Birth					
Passport Number	Passport Expiry I (DD/MM/YYYY)	Date			
Permanent / Home Country Address					
County/State					
Post/Zip Code					
Country					
Home Telephone Number (including area code)					
Mobile Phone Number					
(including area code)					
Email					
Correspondence Address (if different to permanent address)					
County/State					
Post/Zip Code					
Country					
Telephone Number (including area code)					
Email					
Do you have any current or previous criminal convictions?		YES		NO	
If you have answered YES, you will be asked to provide details of the a separate form	he conviction and the na	iture o	f the o	ffence	on





Co-Ordinator's Name at your Home Institution											
	Home Institution Name and Address										
	Title of proposed Programme of study										
	Intake applied for	Fall Sem	nester			Spring Semester January – May		Full year September		Year of er	ntry
	(Please tick)	Septembe Decembe		er -	January – May		entry		20		
	Where do you intend to stu	ndaš	(Please	e tick)							
	Carmarthen			Lam	peter			Swansea			
	Name of Individual or Orga who will pay your tuition fe		ion								
	Is this definite or proposed? (Please tick)	?		Definite			Proposed				

Do you have a disability?							NO	
(If yes, tick all that apply)								
Blind or partially sighted	Deaf or	hearing impairment		Require perso	ire personal care assist			
Mental health difficulty	Wheelc mobility	hair user or impaired		Autistic spectrum disorder (ASD) Specific learning difficulties (dyslexia, dyspraxia, ADHD or a combination of these)				
Asperger's syndrome		disability (e.g. es or epilepsy)						
Multiple disabilities (please specify)								



Medical condition (please specify)		
·	so the	y disabilities or additional need and/or support required. This information will at an assessment can be made of any reasonable adjustments required to



Qualifications completed/pending. If more than 4, please continue on a separate page.  (Please submit copies of your results with your application.)						
(Fiedse southin copies of your f						
Name of previous Institution and location						
Dates attended (MM/YYYY-MM/YYYY )	Full-time/Part-time					
Title of Award	Level					
Subject						
Awarding body	Grade/Classification					
Start date (MM/YYYY)	Date of Award (MM/YYYY)					
Name of previous Institution and location						
Dates attended (MM/YYYY-MM/YYYY )	Full-time/Part-time					
Title of Award	Level					
Subject						
Awarding body	Grade/Classification					
Start date (MM/YYYY)	Date of Award (MM/YYYY)					
Name of previous Institution and location						
Dates attended (MM/YYYY-MM/YYYY )	Full-time/Part-time					
Title of Award	Level					
Subject						
Awarding body	Grade/Classification					
Start date (MM/YYYY)	Date of Award (MM/YYYY)					
Name of previous Institution and location						
Dates attended (MM/YYYY-MM/YYYY )	Full-time/Part-time					
Title of Award	Level					
Subject						
Awarding body	Grade/Classification					



	Start date (MM/YYYY)	Date of Award	
		(MM/YYYY)	



S	Details of cu	urrent or	previous employme	nt (if applicable)	
E	Dates	FT or PT	Job Title	Employer Details	Brief description of duties
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Please provide information on your reasons for choosing the programme of study (e.g. experience, interests, motivation, career path and continuing professional development).





Please give details	of two referees below (one referee would normally be expected to be an academic)
of your nominated	re one reference to support an application. Please forward the University reference form to one I referees. Should we require additional information, the University will contact your second eferee should send your reference to the relevant University campus address listed at the end of
1 <sup>st</sup> Referee	
Title & Full name	
Position	
Relationship to applicant	
Telephone / Mobile Number	
Email	
Name and address of School/College/ Organisation	
2 <sup>nd</sup> Referee	
Title & Full name	
Position	
Relationship to applicant	
Telephone / Mobile Number	
Email	
Name and address of School/College/ Organisation	



Have you previously been to the UK?					NO		
Date of first entry to the	e UK (DD/MM/YYYY)						
Do you currently have a valid UK visa? If so, what type?							
Will you require a stude	ent visa for the period of your studies?		YES		NO		
If English is not your first language, you will be required to provide evidence of English language in the form of a current IELTS certificate (or equivalent) with a minimum overall score of 6.0 (to include a minimum score of 5.5 in reading, writing, speaking and listening) before you will be accepted onto a programme of study.  If you have already taken an English language test, or intend to take an English language test, please provide details of the test below with the most recent first. You must also provide copies of your official test results with your application.							
Name of test							
Listening score		Reading score					
Writing score		Speaking score					
Overall Score		Date of Test					
	o add any further information regarding y ollege / University programme was taught			such	as if you	ır	
If you are applying for a student visa to study at this University, you must be able to meet the UKVI financial requirements. You will be required to provide evidence to show that you have one year's tuition fees, and the maintenance requirement to study in the UK. Full details can be found on the UKVI website at <a href="UK Visas and Immigration">UK Visas and Immigration - GOV.UK (www.gov.uk)</a> If you are Self-Financing, you will be expected to provide bank statements for us to check before you can apply for a visa to study at the University. We will not be able to issue a CAS until your financial documents meet the UKVI requirements. Please check the UKVI website for full details.  If you have a Financial Sponsor, you will be expected to provide a financial sponsor letter for us to check before you can apply for a visa to study at the University. We will not be able to issue a CAS until your financial documents meet the UKVI requirements. Please check the UKVI website for full details.							



If you are applying for a student route visa to study at the University, the University will require you to attend an admissions interview. Please be aware that the interview will be recorded and retained for our records. You may also be asked to attend a UKVI interview as part of your UKVI student route visa application. This will give you the opportunity to demonstrate that you have a genuine interest in the programme you have applied for, and to explain why you have chosen to study at this University. Please answer the following questions by providing as much information as possible.									
Why have you chosen to study in the UK?									
Why have you cho	osen to study at UV	VTSD\$							
Why have you cho	osen to study this p	rogramme?							
How do you think	your studies will hel	p you in the future?	?						
					ı			Г	
Have you ever red	ceived a visa to stu	dy in the UK?			YES		NO		
If yes, please prov	ide details below								
Type of Visa		Visa Start Date		Visa Expiry	/ Date				
Type of Visa		Visa Start Date		Visa Expiry	/ Date				
Type of Visa		Visa Start Date		Visa Expiry	/ Date				
Have you ever be	en refused a visa to	o study in the UK?			YES		NO		
If Yes, give details	below of why your	visa was refused							
What was the dat	e of the refusal? (D	D/MM/YYYY)							





The University is a controller in terms of the 1998 Data Protection legislation. The data requested in this application form is covered by the notification provided by the University under the Data Protection Act. The data will not be passed to any third party without your consent, except where the University is required by law to do so.				
I give permission for the University of Wales Trinity Saint David to contact UKVI to confirm my UK immigration history and/or status.				
By signing this declaration, I confirm that the information provided on this application form is true, complete and accurate.				
By typing your name here, you are signing this form electronically.				
Signature of Applicant	Date			

All other study abroad and Exchange please email: International.registry@uwtsd.ac.uk			
Please retain the original copy and return a copy with the following supporting documents. Incomplete applications will not be processed until all documents have been received.			
ONE COMPLETED APPLICATION FORM WITH SIGNED AND DATED DECLARATION			
ONE COMPLETED ACADEMIC REFERENCE CONTACT			
COPIES OF ORIGINAL QUALIFICATION CERTIFICATES / TRANSCRIPTS			
COPY OF FINANCIAL EVIDENCE			
COPY OF PASSPORT			
COPIES OF CURRENT AND PREVIOUSLY ISSUED VISAS (IF APPLICABLE)			
COPIES OF CURRENT AND PREVIOUSLY ISSUED CAS STATEMENTS (IF APPLICABLE)			
IELTS certificates from a UKVI approved IELTS centre (where English is not the first language).			
*A Certified Copy is a photocopy signed by a solicitor/lawyer/notary to confirm that it is an authentic copy			