

## Lifelong Learning Programme Erasmus Student Application Form Academic Year 2011/12

Please attach 2  
passport sized  
photographs

Please complete form **electronically**, then print off and sign.

### 1. Your Personal Details

Title (Mr, Mrs, Miss, Dr)	Gender	code)
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>
Surname/family name (as on passport/identity card)		Mobile (cell) phone number (with country code)
<input type="text"/>		<input type="text"/>
First names (as on passport/identity card)		Permanent home address
<input type="text"/>		
Previous family name (if changed – eg. through marriage)		
<input type="text"/>		
Date of birth (dd/mm/yy)	Nationality	Dates you will be at this address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth		Correspondence address (if different from above)
<input type="text"/>		<input type="text"/>
Personal email address		<input type="text"/>
<input type="text"/>		Dates you will be at this address
<input type="text"/>		<input type="text"/>
Contact telephone number (with country code)		

### 2. Current study at home institution

Programme title at home university	
<input type="text"/>	
Level of study:	Have you studied abroad before?
Bachelor <input type="checkbox"/> Master <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doctorate <input type="checkbox"/>	
Start date:	If yes, please provide further details (when, which institution):
<input type="text"/>	<input type="text"/>
End date:	Number of higher education study years prior to departure abroad:
<input type="text"/>	<input type="text"/>
Fast-track degree: Yes <input type="checkbox"/> No <input type="checkbox"/>	

### 3. Sending institution

Full name of home university	Erasmus institutional ID
<input type="text"/>	<input type="text"/>
Full address of university	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

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Departmental exchange coordinator:

Name:		
Email:	Tel:	Fax:

Institutional Exchange Coordinator:

Name:		
Email:	Tel:	Fax:
Address:		

#### 4. Programme of study at University of Surrey

Proposed field of study:

Number of ECTS credits  
required:

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Study dates:

<input type="checkbox"/> Semester 1 (Autumn) 26 <sup>th</sup> September 2011 to 30 <sup>th</sup> January 2012
<input type="checkbox"/> Semester 2 (Spring) 6 <sup>th</sup> February 2012 to 15 <sup>th</sup> June 2012
<input type="checkbox"/> Full academic year 26 <sup>th</sup> September 2011 to 15 <sup>th</sup> June 2012
<input type="checkbox"/> Other: from            to            (project students only)

Expected arrival date:

<input type="checkbox"/> 24 <sup>th</sup> or 25 <sup>th</sup> September 2011
<input type="checkbox"/> 2 <sup>nd</sup> February 2012 for orientation on 3 <sup>rd</sup> February
<input type="checkbox"/> Other:

#### Postgraduate Research students only

Arrival date:                      Departure date:  
Research start date:            Research end date:

#### 5. Language competence

Native language:	Language of instruction at home university:
I have sufficient knowledge of English to follow lectures      Yes <input type="checkbox"/> No <input type="checkbox"/>	I need some extra English language preparation      Yes <input type="checkbox"/> No <input type="checkbox"/>

#### 6. Special needs

If you have a disability or any special needs that might require additional support, please tick this box and we will contact you. Our aim is to support you, and if we are unaware of special needs when you apply it may prove more difficult to meet them. ☐

#### 7. Additional personal information

Do you have any criminal convictions (or serious criminal charges against you)?    Yes ☐  
No ☐

Please visit <http://www.ukba.homeoffice.gov.uk/studyingintheuk/> before completing this section.

Do you require a visa to study in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	Passport number:
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Tier 4 Student Visa ☐ Student Visitor Visa ☐ Don't know ☐

Briefly state the reasons why you wish to study abroad

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Please ensure that you read the declaration below and sign and date the form.

Student name

Signature

Date

Please tick as appropriate to indicate the additional information you are supplying with this application:

- ☐ Photocopy of passport photo page
- ☐ Copies of transcripts and/or examination certificates (compulsory)
- ☐ Accommodation form
- ☐ Learning agreement (compulsory)
- ☐ 2 passport sized photographs
- ☐ Other information relevant to my application

Zoe Stevenson (Mrs)  
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Fax: +44 1483 689043

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***University of Surrey Use Only***

**For completion by Faculty/department**

**For completion by International Relations  
Office**

Decision on Application: <input type="checkbox"/> Accepted <input type="checkbox"/> Not accepted	
Level of registration: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate taught <input type="checkbox"/> Postgraduate research <input type="checkbox"/> Doctoral	
Supervisor's name (as appropriate):	
Approved by Departmental Exchange Coordinator:	Approved by Institutional Exchange Coordinator:
Signature:	Signature:
Date:	Date: