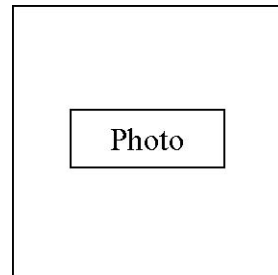


International Study Abroad Programme/ Exchange Student Application Form

Please complete this application form in BLACK INK.



SECTION 1 : SENDING INSTITUTION

Name of sending institution: -----

Address: -----

Name of Department Co-ordinator: -----

Telephone: -----Fax: -----

E.mail: -----

Name of Institutional Co-ordinator: -----

Telephone: -----Fax: -----

E.mail: -----

SECTION 2 : FEES (Please tick relevant box) Fees will be paid by:

Student Sending institution* Another sponsor*

*(*Please attach confirmation and invoicing details from the institution/sponsor)*

OR: I am applying as a non-fee paying exchange student

SECTION 3 : STUDENT'S PERSONAL DATA To be completed by the student applying

Family name: -----

First name: -----

Date of birth:----- (dd/mm/yy) Place of birth: -----

Nationality: -----Sex: Male Female

Current address:-----

Valid until: -----

Email: -----Telephone: -----

Permanent address (if different): -----

Telephone: -----

