



## **Erasmus+ Student Exchange Application Form**

Please complete this form in BLOCK CAPITALS using BLACK INK.

Section 1: Course Details
Name of Home University:
Name of Erasmus Coordinator:
Address of Home University:
Course Title at Home University:
Course applying for at Cardiff Met:
Level of Study - Bachelors: Doctorate: Doctorate:
Mobility Type - Study: Internship:
Year and month of entry: MM/YY
Study Mobility
When would you like to start your study mobility?
Term 1 - September start:
Term 2 - January start:
How long of an exchange were you looking to undertake?
September - December (3 months):
September - March (6 months):
September - June (10 months):
January - March/April (3 months):
January - June (6 months):
Internships
When would you like to start your Internship?
Start Date:End Date:

## Section 2: Personal Details

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This section of the forr	n prov	ides	us wi	ith i	mp	ort	ant	: pe	ersc	onal	inf	orn	nati	on.														
It is compulsory for you	u to co	mple	ete e	ach	sec	ctio	n, ş	givi	ng	; as ı	mu	ch d	deta	il a	s po	oss	ible	e (C	AP	ITA	L LI	ET1	ΓER	lS)				
Title:	. Dat	e of E	3irth:	D	D	7/	М	М	/	Υ	Υ	P	ass	port	nu	mb	er:	Г	Τ	T	T	T						
Family Name(s) (as sho	wn on	passı	port):	:																								
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Given Name(s) (as show	n on p	assp	ort):																									
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Age: Nationali	ty: .									. 2	nd (	(if a	ppli	cab	le)													
Male Female																												
Country of permanent r		nce: .																										
Permanent home addre																												
Tel (include dialling cod	des):		T				Г		Т	T	T	Γ	Т					Γ	Τ	Τ	T	T	T					
Mob (include dialling co	ides);				$\overline{}$				T	_										T	T	T	7					
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Email:					Ш																							
Section 3: Acade	emic	Ou	alif	fica	ati	on	1s (	Сс	m	ıpl	ete	ed																
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	Title	of qu	ualifi	icati	ion	as																						
Subject		pears						Na	am	e of	Ins	titu	ıtio	n				R	esi	ults	Da	ate		М	ark	./G	rad	е
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## Section 4: Academic Qualifications Pending

Title of qualification			Expected date of award
Section 5: English Langua	age Qualification		
Type of Test eg. IELTS, Trinity	Date of Test	Resul	t de la companya de
FOR NON EU/EEA/SWISS CITIZEN	STUDENTS ONLY		
In addition to the above test, have yo		No	
	est certificate(s)		
Section 6: Personal Stater	nent in Support of your App	licatio	n
	provide information on why you want to under reasons for your choice of course, why		
	our future career plans and any other inf	-	
	e that you are required to submit a portfo	olio of wo	rk to support your application
This can be either an electronic version		nio oi wo	ik to support your application.
Section 7: References			
Please enclose 1 reference or letter of	of recommendation on headed paper fro	m your e	educational institution.

## **Section 8: Important Information** Do you have a disability, learning difficulty, mental health issue or medical condition? No If 'Yes', please provide details of your disability/condition. (We require this information to determine whether you would require any specific support during your studies). Have you ever been convicted of a criminal offence in the UK or any other country? Have you ever received a non-custodial sentence in the UK or in any other country? Yes Section 9: Ethnicity Please tick the category which best describes your ethnic group or background condition? (Choose 1 category only) White Asian or Asian British - Pakistani White and Asian **Gypsy or Traveller** Asian or Asian British - Bangladeshi Other mixed background Black or Black British - Caribbean Chinese Arab Black or Black British - African Other Asian background Other ethnic background Other Black background White and Black Caribbean Information refused Asian or Asian British - Indian White and Black African Section 10: Declaration of Previous Studies FOR NON EU/EEA/SWISS CITIZEN STUDENTS ONLY In order for us to issue you with a Certificate of Acceptance for Studies (CAS)/ Visa Support Letter to enable you to apply for a Tier 4 General Student visa/ Student Short Term Visa, first we must ensure that we have full details of your UK immigration history. We therefore require students to declare any previous studies in the UK. Have you previously studied in the UK? If Yes, please fill in all details of your previous studies in the UK. Please note you must include all UK studies even if these studies did not result in a qualification. **Course Title** Level Institution Start End UK Visa Type

Please enclose copies of your Visas with this form.

Have you ever had a UK visa application refused? Yes	No
If Yes, please provide details of why the visa was refused and	d also forward to us a copy of the visa refusal notice:
Have you ever overstayed the time granted on your UK visa?	Yes No
If Yes, please provide details:	
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Section 11: Declaration and Signature (A)	pplications MUS1 be signed)
I confirm that the information given on this form is true, con other information has been omitted. I understand that this a may be withdrawn by Cardiff Met if in the future the informa- or unintentionally.	pplication or any subsequent university place offered
By signing this form I also give my permission to Cardiff Met	to verify any information contained in this application with
the institution, relevant awarding body or referees provided.	I have read the above statements (please tick):
Signature of applicant:	
Signature of applicant:	Date: DD/MM/YY  For further information please visit:
Signature of applicant:	Date: DD/MM/YY
Signature of applicant:  Print name (in Capitals):  Please return this completed form to:	Date: DD/MM/YY  For further information please visit:
Signature of applicant:  Print name (in Capitals):  Please return this completed form to:  Email: erasmus@cardiffmet.ac.uk  By Post:  Rowena Walters	Date: DD/MM/YY  For further information please visit:
Signature of applicant:  Print name (in Capitals):  Please return this completed form to:  Email: erasmus@cardiffmet.ac.uk  By Post:	Date: DD/MM/YY  For further information please visit:
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Signature of applicant:  Print name (in Capitals):  Please return this completed form to:  Email: erasmus@cardiffmet.ac.uk  By Post:  Rowena Walters  Erasmus+  International and Partnerships Office,  Cardiff Metropolitan University,  200 Western Avenue,  Cardiff, CF5 2YB, UK  Remember to include:	For further information please visit:  www.cardiffmet.ac.uk/erasmus+europe
Print name (in Capitals):  Please return this completed form to:  Email: erasmus@cardiffmet.ac.uk  By Post:  Rowena Walters  Erasmus+  International and Partnerships Office,  Cardiff Metropolitan University,  200 Western Avenue,  Cardiff, CF5 2YB, UK  Remember to include:  Photocopies of Academic qualifications  Copy of passport/national ID information page	For further information please visit:  www.cardiffmet.ac.uk/erasmus+europe  Copy of English language qualification
Signature of applicant:  Print name (in Capitals):  Please return this completed form to:  Email: erasmus@cardiffmet.ac.uk  By Post:  Rowena Walters  Erasmus+  International and Partnerships Office,  Cardiff Metropolitan University,  200 Western Avenue,  Cardiff, CF5 2YB, UK  Remember to include:  Photocopies of Academic qualifications	For further information please visit:  www.cardiffmet.ac.uk/erasmus+europe  Copy of English language qualification  Learning Agreement signed by Applicant and