



## **Outgoing Student Exchange Application Form**

Please note that students can only participate on an Erasmus placement if they have successfully completed their current study at Cardiff Met.

Please complete this form in BLOCK CAPITALS using BLACK INK

## Section 1: Course Details

Course Title at Cardiff Metropolitan University	
Year of Study	
Student Number	
Country of Interest:	
Name of chosen Host University (if known)	
Mobility Type: Study Internship	
When would you like to start your mobility?	
Term 1- September start:	
Term 2- January start:	
Internship only – Summer placement in July	
How long of an exchange were you looking to underta	ke? (subject to host universities semester dates)
Term 1: September- December (3 months)	
Term 2 – January: March – (3 months)	
Within Terms 2 and 3: January- June (up to 6 months)	
Full Academic Year: September-June (10 months)	
Summer placement (Internship): minimum of 2 months during summer break – June to September	

## Section 2: Personal Details

This section of the form provides us with important personal information.	
It is compulsory for you to complete each section, giving as much detail as possible. (CAPITAL LETTERS)	
Title:Date of Birth: D D / M M / Y Y Passport number:	
Family Name (s) (as shown on passport):	
Given Name (s) (as shown on passport):	
Age: 2nd (if applicable ):	
Male Female Country of permanent residence:	
Permanent home address:	
T emailed nome address.	
Tel (include dialling codes):	
Email:	
Section 3: Important Information	
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De vou have a disability learning difficulty mental health issue or medical condition?	
Do you have a disability, learning difficulty, mental health issue or medical condition?	
Yes 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)	
Do you consider yourself to be from a disadvantaged background?	
Yes No If yes, please provide details of your situation and relevant documentation as evidence:	
1. yes, please provide details of your situation and relevant documentation as evidence.	

information has been omitted. I understand that this application or any subsequent university place offered may be withdrawn by Cardiff Met if in the future the information provided proves to be inaccurate either intentionally or unintentionally. I hereby confirm that I have successfully completed my previous and current study at Cardiff Metropolitan University I am currently enrolled as a full time student at Cardiff Metropolitan University If you are an International student on a Tier 4 Student Visa please tick here Please note that International Students are to contact the International and Partnerships Office for further immigration advice. 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: Date: ..... Print name (in Capitals): ..... Section 5: School Approval The Programme Director/Head of Department must approve the application prior to the International and Partnerships Office processing the mobility. Name of the School representative.... Position Signature..... Please return this completed form to: For further information please visit: email: erasmus@cardiffmet.ac.uk www.cardiffmet.ac.uk/international/erasmus By Post: **Rowena Walters** Erasmus+ International and Partnerships Office, Cardiff Metropolitan University, 200 Western Avenue, Cardiff, CF5 2YB, UK

I confirm that the information given on this form is true, complete and accurate and no information requested or other