

STUDY ABROAD APPLICATION FORM

(For students incoming to Glasgow Caledonian University)

To enable your application to be considered personal data provided on your application form will be entered onto the University's computer records. At all times use of this data will be strictly in accordance with the principles laid down by the DATA PROTECTION ACT 1998.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS



STUDY ABROAD APPLICATION FORM FOR 20__ - 20__ **Trimester 1** **Trimester 2** **Full Year**

GLASGOW CALEDONIAN UNIVERSITY

DATES OF STAY: From _____ To _____

PERSONAL DETAILS

SURNAME:

FIRST NAMES:

SEX: MALE/FEMALE

DATE OF BIRTH (Date/Month/Year)

NATIONALITY:

COUNTRY OF BIRTH:

HOME ADDRESS:

PASSPORT HELD (COUNTRY):

HAVE YOU PREVIOUSLY STUDIED IN THE UK?

(IF YES PLEASE PROVIDE DETAILS):

TEL:

EMAIL:

POSTCODE:

HOME UNIVERSITY/COLLEGE

NAME:

ADDRESS:

YEAR PROGRAMME COMMENCED:

TITLE OF PROGRAMME:

SUBJECTS STUDIED:

CURRENT YEAR OF STUDY:

PROPOSED YEAR OF GRADUATION:

PROFICIENCY IN ENGLISH

IS ENGLISH YOUR FIRST LANGUAGE?

YES

NO

If English is not your first language please provide signed and stamped proof from your home institution that your level of English equates to IELTS 6.0 with no single element below 5.5.

STUDY ABROAD CO-ORDINATOR AT HOME UNIVERSITY/COLLEGE

NAME:

SIGNATURE:

DEPARTMENT:

EMAIL:

TEL:

PLEASE INSERT THE TITLE OF THE MODULES YOU WISH TO STUDY

Please select modules from one Degree Programme only using 2012/13 Module Catalogue lists.

Trimester A		Trimester B	
Title of GCU Programme		Title of GCU Programme	
List Preferred Modules	Module Code	List Preferred Modules	Module Code
1.		1.	
2.		2.	
3.		3.	
Additional Modules (if preferred not available)	Module Code	Additional Modules (if preferred not available)	Module Code
1.		1.	
2.		2.	
3.		3.	

ADDITIONAL INFORMATION Please provide information you wish to support your application.

DO YOU HAVE A DISABILITY? YES (please circle the appropriate number) NO

- | | | | |
|----------------------------------|-------------------------------|---|------------------------------------|
| 00 No known disability | 02 Blind/partially sighted | 03 Deaf/hearing impairment | 04 Wheelchair user/mobility issues |
| 05 Personal care support | 06 Mental health difficulties | 07 An unseen disability (e.g. diabetes, epilepsy, asthma) | |
| 08 Multiple disabilities | 10 Autistic spectrum disorder | 11 A specific learning difficulty (e.g. dyslexia) | |
| 96 A disability not listed above | 97 Information refused | 99 Not known | |

If you have marked 'A disability not listed above', please use the space provided to give your answer.

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We will only use this information to provide you with details of our disability service. You can find out further information regarding our disability services on our website: www.gcu.ac.uk/student/disability

DO YOU HAVE ANY CRIMINAL CONVICTIONS? YES NO

If yes, we will contact you for further details.

APPLICATION CHECKLIST

Please use this checklist to ensure your application is complete. If you do not have all documents at the time of application your application may be delayed. Please provide any missing information as soon as possible.

	ENCLOSED	N/A		
Signed application form				
Completed accommodation form				
Copy of academic transcripts/mark sheets				
Copy of English language qualifications (required if your first language is not English)				
Copy of the photo/data page of passport page of passport (essential for students requiring a student visa)				

DECLARATION

- I confirm that, to the best of my knowledge, the information given is correct.
- If I am admitted to the University I undertake to observe the University regulations and ensure payment of fees and other liabilities.
- I understand I shall not receive my credit transcript if any monies are owed to the University.
- I agree for my Academic Transcript to be released to my home institution.

Applicant's Signature: _____ Date: _____

PLEASE SEND YOUR COMPLETED APPLICATION FORM AND SUPPORTING DOCUMENTS TO: Mark Stansfield at incomingstudents@gcu.ac.uk