Text

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STUDY ABROAD APPLICATION

***Please complete the form in block capitals and return to the Go Global Team***

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| STUDENT ID NUMBER | | | | | | |
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| 1. PERSONAL DETAILS | | | | | |
| Surname: | | | Forename(s) (in full): | | |
| Previous Surname: | | | Preferred Name: | | |
| Date of Birth:  DD/MM/YYYY | Gender: | | Marital Status: | | Occupation: |
| Term time Address: | | | Home Address: | | |
| Post Code: | | | Post Code: | | |
| Telephone Number: | | Mobile Number: | | Personal E-mail Address: | |

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| **Emergency Contact 1** | **Emergency Contact 2** |
| Surname: | Surname: |
| Forename: | Forename: |
| Telephone Number: | Telephone Number: |
| E-mail Address: | E-mail Address: |
| Address: | Address: |
| Post Code: | Post Code: |

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| Country of Domicile: | Nationality: | Ethnic Origin: | Religion: |
| Do you have any disabilities or additional needs? YES  NO | | Do you have any medical conditions? YES  NO | |
| What is the nature of your disability/additional need/medical condition? | | | |
| Contact Details of Medical Doctor: | | | |
| Do you have any criminal convictions? YES  NO | | | |
| *If Yes, please give details including the nature of the offence:* | | | |

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| 1. PROGRAMME OF STUDY | | | |
| Current Academic Year:  *(e.g. 23/24)* | Current Year of Study:  *(e.g. 1st Year)* | Current Programme of Study: *(e.g. BA Acting)* | Average Grade:  *(e.g. 60%)* |

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| 1. PROPOSED EXCHANGE OPPORTUNITY | |
| Proposed Exchange University: | Proposed Dates of Exchange: *(e.g. Second Semester, Year 2)* |

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| 1. FUNDING   *Please note,* ***ALL*** *UWTSD students who submit a Go Global Application will be automatically considered for funding. If you are eligible for funding, please note that it will not cover all costs, but is will help supplement personal savings, loans, and other financial sources to go abroad, and will be dispersed to students once they have arrived at the host country. More information on funding can be found in the Go Global with UWTSD handbook.* | |
| **Do you meet any of the following widening participation eligibility criteria?** If yes, please provide evidence alongside this application *(e.g. first page of your student loan)* | CHECK |
| An annual household income of £25,000 or less.  *(Evidence of this may be having £6,000 or more awarded for Welsh student finance, or an English maintenance loan of over £9,000)* |  |
| Receipt of Universal Credit or income-related benefits because they are financially supporting themselves or financially supporting themselves and someone who is dependent on them and living with them, such as a child or partner. |  |
| Care leavers and students who are care experienced. This refers to anyone who has been or is currently in care or from a looked after background at any stage of their life, no matter how short, including adopted children who were previously looked after or those who access the Care Experienced Bursary in Scotland. |  |
| Students who have caring responsibilities. A carer is anyone who has a commitment to providing unpaid care to a family member or friend who could not cope without their support. |  |
| Estranged students are those who are irreconcilably estranged from their parent(s). To be considered irreconcilably estranged, the student won’t have had any written or verbal contact with either parent usually for 12 months or more - and this is unlikely to change. |  |
| Refugees and asylum seekers. |  |

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| 1. SUPPLEMENTARY INFORMATION |
| Please tell us why you think studying abroad is right for you: |
| How did you hear about the opportunity to study abroad? |

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| 1. CHECKLIST   *Please check all boxes prior to submitting this application* | | | |
| I have attached a copy of my passport with this application |  | I have attached evidence of widening participation with this application *(if applicable)* |  |
| I have attached a copy of my academic transcript with this application *(obtainable by e-mailing registry@uwtsd.ac.uk)* |  | I have attached a reference letter from an academic member of staff with this application |  |

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| 1. DECLARATION |
| I confirm that the information provided on this application form is true, complete, and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided.  Signature of applicant:  Date: DD/MM/YYYY |

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| **FOR UNIVERSITY USE ONLY** | | |
| **Decision** | | |
| Accept (Conditional) | Accept (Unconditional) | Reject (Please provide reason(s) in comments box below) |
| Name of Interviewer: | Signature of Interviewer: | Date:  DD/MM/YYYY |
| Comments: | | |
| Advisory Note from Go Global team: | | |