

Return to:-
Roehampton University
International Centre
Erasmus House
Roehampton Lane
London SW15 5PU, UK



STUDY ABROAD APPLICATION FORM (SA1)

For Overseas Students on Undergraduate Programmes of One Academic Year or Less

PLEASE NOTE: All applicants will be required to complete registration procedures on arrival at the University; this is NOT a Registration Form, and is NOT a letter of acceptance.

1. TITLE/NAME/ADDRESS	Title <input type="text"/>
	(Mr/Mrs/Ms etc)
Surname/Family Name	<input type="text"/>
First Name(s)	<input type="text"/>
Correspondence Address (if term time please give dates)	
<input type="text"/>	
Country	<input type="text"/>
Tel No.	<input type="text"/>
Mobile No.	<input type="text"/>
E-mail	<input type="text"/>
Summer Vacation Address (if different)	
<input type="text"/>	
Country	<input type="text"/>
Tel No.	<input type="text"/>
Fax No.	<input type="text"/>
E-mail	<input type="text"/>

2. PERSONAL DETAILS
Gender (M/F) <input type="text"/>
Date of Birth <input type="text"/>
Disability / Special Needs (YES / NO) <input type="text"/>
Nationality <input type="text"/>
Country of Birth <input type="text"/>
Applicants not born in the UK, state date of last entry
<input type="text"/>
Who do you expect to pay your fees?
<input type="text"/>

3. GENERAL BACKGROUND
Name and address of your university
<input type="text"/>
Name of International Co-ordinator at your university
<input type="text"/>
Tel No. <input type="text"/>
Fax No. <input type="text"/>
E-mail <input type="text"/>
Period of study at Roehampton:
Autumn <input type="checkbox"/> (SEPTEMBER)
Spring <input type="checkbox"/> (FEBRUARY)

4. PROGRAMME / COURSE DETAILS

STUDY AT YOUR HOME UNIVERSITY

Month / year you started course:

Year of study you are currently in:

Your expected completion date (month/year):

(PLEASE ATTACH A TRANSCRIPT OF RECORDS FROM YOUR HOME UNIVERSITY)

Subjects Studied	No. of Semesters/Terms/ Quarters Studied	Year (ie 1 st /2 nd)	Results

5. ENGLISH LANGUAGE TUITION

(Complete this section ONLY if English is not your first language)

Current level (eg TOEFL score or number of years of English study.
Please send copy of TOEFL, IELTS qualifications).

Do you require English Language support at Roehampton University?
(available for Non-EU students only)

YES

NO

6. MODULE SELECTION - <http://www.roehampton.ac.uk/international>

Autumn Semester (Fall) - SEPTEMBER

	MODULE CODE	TITLE
1		
2		
3		
4		
5		
6		

Alternative Choices (in case your first choices are not available)

Spring Semester - FEBRUARY

	MODULE CODE	TITLE
1		
2		
3		
4		
5		
6		

Alternative Choices (in case your first choices are not available)

Student Signature

Date

Signature of Director of International Programmes,
Dean or Head of Department at Home Institute

Date

7. PERSONAL STATEMENT IN SUPPORT OF YOUR APPLICATION
(including reasons for applying and any other additional information)

Signed:

Date:

8. ACADEMIC STATEMENT IN SUPPORT OF YOUR APPLICATION

Signed:

Date:

Title:

Disability (DF1)

This form will be detached by the University and will not be used in the selection process

Part 1 – Disability

Roehampton University aims to support students with disabilities or specific learning difficulties to the best of its ability.

Please tick the box below if you wish to record that you have a disability, or a specific medical condition:

Dyslexia

Asperger's Syndrome/Autism

Deaf/hard of hearing

Wheelchair user

Mobility difficulties

Mental Health difficulties

Blind/partially sighted

An unseen disability (eg, diabetes, epilepsy, asthma) Please specify: _____

Any other; please give details; _____

I agree to the information given to be passed on by Learning Support as necessary. This will enable them to liaise with your Academic School to best support you in your studies.

I do not agree for the fact that I have a disability or a specific learning difficulty or its nature to be passed on or discussed with any other person.

I consent to the information given in this supplement being stored electronically within Roehampton's Student Information System. I understand that strict rules on security and confidentiality of data will be observed and the provisions of the Data Protection Act 1998 will apply on use of and access to information. This consent will cover the period of my studies at the University unless it is withdrawn by me in writing.

Name: _____
(Please Print)

Date: _____

Signature: _____