

**International Visiting Students’ Programme**

**Application Form**

**Study Period**  Semester 1 (September-January)

Semester 2 (January-May)

Full Academic Year (September-May)

**Academic Year**  **\_\_\_\_\_\_/\_\_\_\_\_\_**

**Student Status**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | | | | Title: (e.g. Miss/Mr/Mrs/Ms) | |  |
| First name: | | | | | | |
| Gender Male Female | | | Date of Birth (DD/MM/YY): | | | |
| Nationality: |  | | | | | |
| **Visas and Studying in the UK**  **If you are a Non-EU Citizen, please check the website below regarding which Visa you will need to enter the UK: https://www.gov.uk/check-uk-visa**  **No, I do not need a Visa to enter the UK**  **Yes, I need a Short-Term Study Visa to enter the UK**  **Yes, I need a Tier 4 Visa to enter the UK** | | | | | | |
| Permanent Address |  | | | | | |
| E-mail Address |  | | | | | |
| Telephone Number |  | Emergency Contact (e.g. parent/guardian) | | | Name:  Relation to Applicant:  Emergency Telephone Number: | |

**Current Studies at Home University**

|  |
| --- |
| Name of Current University: |
| Degree Title: |
| Level of Study:    Bachelor Masters Research |
| Current Level of Study:  Year 1 Year 2 Year 3 |

**Health and Disability Questionnaire**

|  |  |  |
| --- | --- | --- |
| Do you have a medical condition or a disability?  *If Yes, it would be helpful if you could forward details of your disability. We are obliged to consult the University’s Disability Office, who may contact you, if appropriate.* | **Yes** | **No** |

|  |  |
| --- | --- |
| **Study at The University of Bradford** | |
| Please list the modules that you wish to study. Module information is available at: <https://www.bradford.ac.uk/study-abroad/inbound-exchange-students/what-you-can-study/> | |
| **Module Number** | **Module Title** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Please be aware that a full student load is 60 credits per semester, usually 3 or 4 modules.  Modules ending with: “A” = 10 credits, “B” = 20 credits.  Please contact [studyabroad@bradford.ac.uk](mailto:studyabroad@bradford.ac.uk) if you require assistance. | |

|  |
| --- |
| **English Language Qualifications (e.g. IELTS)** |
| **If the language of instruction at your Home University is not English, then we will require you to submit an English Language Certificate with your application form.**  I have attached a copy of my English Language Certificate  I do not need to submit an English Language Certificate |

|  |
| --- |
| **Home University Details for Transcript Delivery** |
| Name of contact person at your home institution:  Job Title:  Department:  Address:  Telephone Number:  E-mail Address: |

**Applicant Declaration**

By signing this application form, I agree to the following terms and conditions:

I confirm that all information is this application form is correct and valid.

I confirm that it is my responsibility to complete any further documentation that the University of Bradford provides me with and I will apply for an appropriate Visa to enter the UK (if required).

I authorise the University of Bradford to distribute my e-mail address to members of staff at the University of Bradford.

*Signature of student: Date:*

**Academic Support and Authorisation to Study**

I support this application for the above-named student to study at the University of Bradford.

*Academic Adviser Name:*

*Position:*

*Academic Adviser Signature: Date:*

**Applicant Documentation Required**

# Please return this form by email ([studyabroad@bradford.ac.uk](mailto:studyabroad@bradford.ac.uk)) together with:

 One academic reference (to be provided by the named contact above)

 Personal statement

 Official Transcript of Records

 English Language Certificate or Equivalent (IF APPLICABLE)

 Copy of Passport

**If you require any further information about any section of this application form then please email** [**studyabroad@bradford.ac.uk**](mailto:studyabroad@bradford.ac.uk)