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INCOMING STUDENT EXCHANGE APPLICATION FORM

HERIOT WATT UNIVERSITY

FIELD OF STUDY: .....

HOME INSTITUTION CODE: .....

(LIFELONG LEARNING PROGRAMME STUDENTS ONLY)

2013-2014

☐ **Lifelong Learning Programme – Erasmus** ☐ **Non - Erasmus**

Student's Personal Data

Title	Select	First Name(s)		Surname	

Sex	Select	Date of Birth		Nationality	

Passport Number		Date of Issue		Place of Issue	
Expiry Date		Country of Birth		Country of Residence	

Marital Status	Divorced	If you have a disability please tick here	

Correspondence Address (with date you leave if applicable)	Home Address (if different)
Tel No :	Tel No :
E-mail:	E-mail :

Academic Details

Sending Institution (Name and full address)	Name of Departmental Coordinator
	Name of Institutional Coordinator

Duration of stay	Start Date	No of Expected ECTS Credits
Select		

Briefly state the reasons why you wish to study abroad	

Language Competence

Other Languages (please detail as applicable)	I am currently studying this language	I have sufficient knowledge to follow lectures	I would have sufficient knowledge to follow lectures if I had some extra preparation
	Select	Select	Select
	Select	Select	Select
	Select	Select	Select

Work Experience Related to Current Study (if relevant)

Type of Work Experience	Name of Firm / Organisation	Dates	Country

Previous and Current Study

Diploma / degree for which you are currently studying	
Number of higher education study years prior to departure abroad	
Have you already been studying abroad	Select
If yes, when and at which institution?	

Details of the Proposed Study Programme Abroad / Learning Agreement

Programme Unit/Course Code	Programme Unit/Course Title	Number of ECTS Credits

Student's Signature :	**Date :**

Sending Institution - we confirm the proposed programme of study/learning agreement is approved.

Departmental Coordinator's Signature

.....

Date: .....

Institutional Coordinator's Signature

.....

Date: .....

Receiving Institution - we confirm the proposed programme of study/learning agreement is approved.

Departmental Coordinator's Signature

.....

Date: .....

Institutional Coordinator's Signature

.....

Date: .....

This original completed application form **along with a copy of your Transcript of Records** (including full details of previous and current higher education study**) and copy of the I.D. page of your passport** should be mailed to:

Mrs Sue Moore, Institutional Exchange Co-ordinator, Academic Registry, Heriot-Watt University, Edinburgh Campus, Edinburgh EH14 4AS, Scotland, United Kingdom

If you have any queries, please contact e-mail: hwuexchange@hw.ac.uk or Tel +44 131 451 4477/Fax +44 131 451 3896

Session Dates 2013/2014:	**16 September 2013 – 6 December 2013**	**Semester 1** Teaching
	9 - 20 December 2013	**Semester 1** Exams
	(23 December 2013 - 10 January 2014)	(Break 1)
	13 January 2014 – 4 April 2014	**Semester 2** Teaching
	(7 April 2014 - 25 April 2014)	(Break 2)
	28 April 2014 - 23 May 2014	**Semester 2** Exams

Examination resits (if required) 7 August 2014 – 15 August 2014 inclusive

APPLICATIONS FOR SEMESTER 1 ENTRY SHOULD BE SUBMITTED NO LATER THAN FRIDAY 14 JUNE 2013

INCOMING STUDENT EXCHANGE
APPLICATION FORM

EQUAL OPPORTUNITIES MONITORING FORM 2013/2014

Heriot-Watt University is committed to equal opportunities for all, irrespective of age, colour, disability, ethnic origin, gender, marital status, religious or political beliefs, sexual orientation or other irrelevant distinction.

As part of the University's policy commitments to promoting fair procedures for selection, it is necessary to collect the information detailed below. This form will be detached from your application and the information that you supply will not be considered in the assessment of your application for admission as an exchange student. All information supplied will be treated in confidence.

First Name(s)		Surname	

Sex	Select

DISABILITY *Please tick one of the boxes below*

No known disability		Mental Health Difficulties	
Dyslexia		An unseen disability eg diabetes, epilepsy, asthma	
Blind or partially sighted		Autistic Spectrum Disorder/Aspergers Syndrome	
Deaf or hard of hearing		Multiple disabilities (please specify)	
Wheelchair user/mobility difficulties		A disability or medical condition not listed above (please specify)	

Information declined	

If you have any concerns about stating your disability you can contact Edel Mooney in confidence at Student Support and Accommodation, Heriot-Watt University, Hugh Nisbet Building, Edinburgh Campus, Edinburgh EH14 4AS, UK. Tel +44 131 451 3509 E-Mail E.Mooney@hw.ac.uk

ETHNIC ORIGIN *Please tick one of the boxes below*

WHITE		ASIAN –Chinese	
BLACK – Caribbean		ASIAN – Other Asian Background	
BLACK – African		MIXED – White & Black Caribbean	
BLACK – Other Black Background		MIXED – White & African	
ASIAN – Indian		MIXED – White & Asian	
ASIAN – Pakistani		MIXED – Other Mixed Background	
ASIAN – Bangladeshi			

Information declined	

Thank you for providing this information. Please return this form along with your completed Student Exchange Application form.