

PLEASE
ATTACH
PHOTOGRAPH



**University of
Sunderland**

STUDY ABROAD AND EXCHANGE PROGRAMMES

Please complete all sections of the application form in full

CHECKLIST

- Please include a photocopy of the identity page of your passport.
- Remember to list all the modules you wish to take and include alternatives.
- Please ask your referee to complete the Educational Reference.
- Include your most recent transcript.
- Include a recent passport-sized photograph.
- If English is not your first language, include a certificate of proficiency in English Language.

CLOSING DATES

By the end of June if you are applying for September entry. By the end of October if you are applying for January entry.

1. PERSONAL DETAILS

Family Name:	Forenames:
Title: Mr/Mrs/Miss/Ms/Other	Gender: Male/Female
Date of Birth: DD/MM/YY:	
Address for correspondence:	
Country:	Postcode:
Telephone No:	Fax No:
Email:	Country of Birth:
Country of Residence:	Nationality:

2. UNIVERSITY DETAILS

Name and address of home university:

Major subjects of study:

Name of Study Abroad Adviser at your home university:

Do you have a disability? Yes No If 'Yes', please give us details. Please indicate any special requirements you may have.

Do you intend to bring any dependants with you? Yes No If 'Yes', please give us details including children's ages, housing and schooling requirements.

9. STATEMENT

I hereby confirm that the above information is correct.

Signature: _____

Date: _____

On completion please send this form either by post:

**International Office, University of Sunderland,
Edinburgh Building, City Campus, Chester
Road, Sunderland SR1 3SD, UK.**

Or Fax: +44 (0) 191 515 2147

For further information please contact us on:

Telephone: +44 (0) 191 515 3000

studyabroad@sunderland.ac.uk



**University of
Sunderland**

EDUCATIONAL REFERENCE FOR EXCHANGE AND STUDY ABROAD PROGRAMMES

Please ask your referee to complete this section.

You are requested to write a report on:

Family Name: _____ Forenames: _____

Who is applying for a place at the University of Sunderland

It would be helpful if you statement included remarks upon:

- The intellectual capacity of the applicant
- The level of motivation which you think the applicant would be likely to maintain
- Relevant personal qualities and circumstances

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STUDY ABROAD/EXCHANGE STUDENTS MODULE CHOICE FORM

You must complete this form in full so that we can assign modules to you before you arrive in Sunderland			
Student Name:		Name of Home University:	
Duration of Stay: Please delete as appropriate	Semester 1 (Sept – Jan) 60 Credits	Semester 2 (Feb – June) 60 Credits	Full Year (Sept – June) 120 Credits

It is your responsibility to ensure that the modules you list on this form comply with the requirements of your home university. Please mark with an asterisk(*) those modules that you MUST complete in order to fulfill your home university requirements.

FIRST CHOICE MODULES (please complete all parts of this table)				
Module Code	Module Title	Credits	Level	Semester

Some of your first choice modules may not be available during your time in Sunderland. Please list alternative choices below.

SECOND CHOICE MODULES (please complete all parts of this table)				
Module Code	Module Title	Credits	Level	Semester

Student Signature: _____ Date: _____ email: _____

Academic Adviser Signature: _____ Date: _____

Although all reasonable effort will be made to ensure the above modules available, in accordance with the University's Terms and Conditions the University reminds you that changes to the content and/or delivery of any of the modules may be necessary at the University's discretion from time to time and further the University does not guarantee that all modules will be available during the academic year.

