Studyabroad@Southampton
FSHMS
Application Form

UNIVERSITY OF Southampton

For office use: Banner ID/course code	

Application Deadlines	Full year /Semester 1 (Sep Arrival): 15 May	Semester 2 (Jan arrival) : 15 October

Please read the notes on Page 4 BEFORE completing and submitting this application form **electronically.** Handwritten applications will NOT be accepted.

Section A   **To be completed by the student**

   1. Personal Details

Surname / Family Name			
First Names			
Date of Birth	(dd/mm/yy)	Gender	Male ☐ Female ☐
Address			
Telephone Number			
Email address 1			
Email address 2			
Nationality		Nationality of Parent/s	
Country of birth			
Country of permanent residence		List last 3 years of residence	
Passport number		Passport Nation of issue	
Which visa do you intend to obtain. Tick as appropriate.	Student Visitor Visa ☐	Ties 4 (General Student) Visa ☐	I don't know yet ☐

   2. Study Details

Name of Home University			
Subject/ Name of degree or overall programme in your home country			
Does your University have a partnership arrangement with us?	Yes ☐	No ☐	Don't know ☐
Name of Study Abroad Pathway you will be studying			
Academic year (e.g 2017-18)			
Name of Agent **(if applicable)**		Agent Code	
Study/work period: select as appropriate	Full Year ☐	Semester 1 ☐	Semester 2 ☐	Other:
Study period dates	Start Date)	(dd/mm/yyyy)	End date	(dd/mm/yyyy)

3. Proposed Study Modules

The modules available for each pathway are included on the Pathway Specifications which can be downloaded along with this form. Choose a combination of compulsory and optional modules from those in the Pathway.

Give details of the modules in which you are interested in order of preference. **It may not be possible for you to take all your preferred modules. Availability will be confirmed when you arrive. Each Semester students will study 4 modules with a total of 60 CATS/ 30 ECTS**

Semester 1	Module Title	Module code	CATS/ECTS credits
Preference 1			15/7.5
Preference 2			15/7.5
Preference 3			15/7.5
Preference 4			15/7.5
Reserve			15/7.5
Reserve			15/7.5
Semester 2	Module Title	Module code	CATS/ECTS credits
Preference 1			15/7.5
Preference 2			15/7.5
Preference 3			15/7.5
Preference 4			15/7.5
Reserve			15/7.5
Reserve			15/7.5

4. Education

Please attach your most recent Transcript of your studies translated into English.

Attach a transcript of your studies ☐

Name of Institution	Qualification

5. English Language Competence

Is your first language English?	Yes ☐ No ☐	If no, what is your first language?	

The Language Requirement for Regular Academic Session is IELTS 6.5* or equivalent with no subscore below 5.5. For more information about requirements and exemptions please visit the following website

6. Additional Support

Do you have any disabilities or medical or mental health conditions which might require special arrangements or facilities?	Yes ☐ No ☐ If yes, please give details on a separate sheet

7. Signature of Student_____

Data Protection
Do you consent to the University of Southampton and your home institution processing your application to undertake a programme at the University of Southampton on your behalf and for personal information about you and regarding your application, your progress and any marks or other relevant information being transferred between the University of Southampton and your home institution and vice versa?

Yes ☐   No ☐

I confirm that:
- **The information I have given above is correct to the best of my knowledge.**
- **I have sufficient academic ability and English language competence to follow the proposed programme of study at the University of Southampton**
- **while I am studying at the University of Southampton, I agree to abide by the University's regulations, including those regarding academic integrity, personal conduct and behaviour**

Signature _____   Date_____

(Please print, sign and scan this application and send it as .pdf)

**Section B   To be completed by the Study Abroad Co-ordinator
                      or University Tutor at the SENDING UNIVERSITY**

I confirm that this student has sufficient academic ability and English language competence to follow the proposed programme of study at the University of Southampton.

Name   _____

Role   _____

Telephone Number   _____

Email   _____

Signature   _____   **Date** _____

IMPORTANT:
PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR APPLICATION
TO THE ADDRESS ABOVE

CONFIDENTIAL

ETHNIC ORIGIN SURVEY

The university takes pride in the diversity of its students and is committed to creating an inclusive environment for students where differences are respected and students are treated in a fair and non-discriminatory way. The information you provide on this ethnic survey allows us over a period of time to determine our progress in meeting our commitment to increasing diversity in our student recruitment and retention.

All students applying to universities in the UK are asked to complete an ethnic origin form. The information is required by the Higher Education Statistics Agency and is used for monitoring purposes.

This information is NOT used for admissions purposes. Upon receipt in Student Services, the form is kept separate from your application and is not seen or made known to anyone considering your application for admission.

Please fill in the course you have applied for and print your name before signing the form. Please return this form with your application.

Please read the list below and tick the appropriate box that you feel most nearly describes your ethnic origin.

White--------------------------------------	☐ (11) White – British ☐ (12) White – Irish ☐ (13) White Scottish ☐ (14) Irish Traveller ☐ (15) White – Welsh ☐ (19) Other white background
Black or Black British ---------------------	☐ (21) Caribbean ☐ (22) African ☐ (29) Other Black background
Asian or Asian British ----------------------	☐ (31) Indian ☐ (32) Pakistani ☐ (33) Bangladeshi ☐ (34) Chinese ☐ (39) Other Asian background
Mixed --------------------------------------	☐ (41) White & Black Caribbean ☐ (42) White & Black African ☐ (43) White & Asian ☐ (49) Other Mixed background
Other Ethnic background	☐ (80)
I decline to say	☐ (98)

I consent to the university processing this information for monitoring purposes, on the understanding that it will not be divulged to any person considering my application for admission.

Printed Name _____

Signature _____ Date_____

Please return your completed application form in .pdf version to:

Email: studyabroad@soton.ac.uk

Application Completion Notes

Notes on completing the application form (<u>all sections are compulsory</u>)

Please complete the form electronically or in black ink using capital letters (e.g. A, B, C)

Please note that if you are completing the .pdf with *Adobe Reader*, you will not be able to save your changes but only print it directly. You can save your changes on a .pdf version only using *Adobe Acrobat X Pro.*
To save your .doc files as a .pdf please follow the tutorial on
http://www.soton.ac.uk/~fangohr/computing/pdfwriter.html .

When ticking a box please right click on the ☐ go to *Properties* and change the *Default Value* to 'Checked'

SECTION A

Section A must be completed by the applicant student

1   Personal Details
If your contact details change after you have applied, please contact the International Office as soon as possible.

2   Study Details

The study periods available are:
Full year: October to June   **Semester 1**: October to January   **Semester 2**: January to June
.

3   Proposed courses of study (units/modules)
For details of courses available please see the Pathway Specifications **Please note it may not be possible for you to take all your preferred courses.** Four modules per semester are required, however please select additional reserve modules.

4   Education
Please provide a transcript, translated into English.

5   English Language Competence
It is important that your spoken and written English language is **university-level** standard so you can participate actively in your studies. We are not able to support students with a lower level of English. Please give as much information as possible.

6   Additional support
Please give us details if you will need extra personal or academic support during your studies at the University.

7   Signature
Please read the declaration and sign your application.

SECTION B

Section B must be completed by the Study Abroad Co-ordinator or an appropriate member of staff at your university.

<u>**Application Checklist**</u>

Please ensure you have completed: Application form and Ethnicity Form

Please ensure you have included: Transcripts translated into English, English Language test results.

<u>**The Application Process**</u>

Please return your application form **to the International Office by the appropriate deadline**. We will pass your application to the International Partnerships Office in the Faculty of Social, Human and Mathematical Sciences where you will be studying. If the Faculty approves your application they will send you a**n acceptance letter or email**. It is important that you do not make any arrangements for travel or accommodation until you receive this acceptance.