

Visiting Research Student Application Guidance Notes

Please read the [Visiting Student Policy and Procedures](#) documents prior to completing this application form.

This application form is intended for students who wish to visit the University of Southampton to undertake research under the supervision of an academic member of staff on a specific topic, which will contribute to or support their research project as part of a degree qualification at their home institution. If this is not the purpose of your visit, this application form is not the correct form for you to complete. Please contact the Faculty Admissions Office or Doctoral College for further guidance.

Please complete all sections of this 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 this [tutorial](#).

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

SECTION A: To be completed by the applicant

1 Personal Details

If your contact details change after you have applied, please contact the Faculty Admissions Office or Graduate School as soon as possible.

2 Study Details

You will need to have discussed your visit with both your supervisor at your home university and your proposed supervisor at Southampton before making an application.

The maximum duration for a visiting student is 12 consecutive months. For more information about tuition fees, please see *Section 10.0 Academic Fees*, in the [Visiting Student Policy and Procedures document](#).

3 Supporting documentation

You will need to provide a letter of support from your supervisor at your home university and a letter/email from your proposed supervisor at Southampton, which confirms the details of your visit. **Please note that your application will not progress until both these documents have been received.**

4 Additional Support

Please provide details of any extra personal or academic support you require during your studies at the University. For further information about the support the University can provide, please visit the [Student Disability & Wellbeing webpage](#).

5 English Language Competence

Visiting Students whose first language is not English, must ensure that their level of English language (in reading, writing, speaking and listening) is sufficient to study successfully at the University, and may be required to achieve a particular level of English language from an Approved Secure English Language Test (SELT). The [University of Southampton Admissions Policy, Part F, Section 3, English language proficiency](#) provides further information on the University's English language requirements.

6 Signature

Please read the declaration and sign your application. Please note that the University cannot process your application unless you have indicated your agreement to these conditions.

The Application Process

Please print, sign and scan the application form (*pages 3-9*) and return it as .pdf with the required supporting documentation to the relevant **Faculty Admissions or Doctoral College Team**. A list of contact details are provided below. Once your application has been approved you will receive an **offer letter**. It is important that you do not make any arrangements for travel or accommodation until you receive this letter.

Ethnic Origin Survey form

Once completed and signed, please return the *Ethnic Origin survey form (page 10)* to admissions.hub@soton.ac.uk.

Contact Details for Faculty Admissions and Doctoral College Teams

Faculty of Arts and Humanities		fah-pgr-apply@soton.ac.uk
Faculty of Engineering and Physical Sciences		feps-pgr-apply@soton.ac.uk
Faculty of Environmental and Life Sciences	Undergraduate and postgraduate taught students undertaking research	admissionspgt.els@southampton.ac.uk
	Postgraduate research students	fels-pgr-apply@soton.ac.uk
Faculty of Medicine	Undergraduate and postgraduate taught students undertaking research	admissionspgt.med@soton.ac.uk
	Postgraduate research students	fmed-pgr-apply@soton.ac.uk.
Faculty of Social Sciences		fss-pgr-apply@soton.ac.uk

SECTION B: To be completed by the receiving Faculty

Part 1 should be completed by a member of the administration team in the Faculty Admissions Office or Graduate School. Part 2 is to be completed by the proposed supervisor. Part 3 is the authorisation section and should be completed by the relevant members of staff in the Faculty. Part 4 is a checklist reminder to the Faculty administration team.

Visiting Research Student Application Form

For office use: Banner ID/course code	
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Section A - To be completed by the applicant:

1. Personal Details

Surname/ Family Name			
First Names			
Date of Birth	(dd/mm/yyyy)	Gender	Male <input type="checkbox"/> Agender/Non-Binary/ Other <input type="checkbox"/> Female <input type="checkbox"/>
Correspondence Address			
Telephone Number			
Email address 1			
Email address 2			
Nationality		Dual Nationality/ Dual Nationalities	
Country of birth			
Country of permanent residence			
Country/Countries of residence for the last 3 years			
Nationality of Mother including Dual Nationality		Nationality of Father including Dual Nationality	
Nationality including Dual Nationality of your spouse or civil partner			
Do you require a visa to study in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Do you have current leave to enter or remain in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please give details</i>
Do you have any criminal convictions which you are required to declare? Please see here for more information as to whether you need to declare this information.	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Study Details

Name and address of Home university			
Subject area of research			
Project title or description (if known)			
Level of study	Undergraduate <input type="checkbox"/>	Postgraduate taught (Masters) <input type="checkbox"/>	Postgraduate research (Doctoral) <input type="checkbox"/>
Proposed visit commencement and end dates	Start Date	(dd/mm/yyyy)	End date
Is the purpose of your visit to undertake research which will contribute to or support your degree at your home University?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Please specify the purpose of your visit:	

Are you participating in any funded activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>Please Select one of the following:</i> Erasmus+ Traineeship/Internship <input type="checkbox"/> Erasmus+ Exchange <input type="checkbox"/> World Universities Network (WUN) <input type="checkbox"/> Other (<i>please provide details below</i>) <input type="checkbox"/>	

3. Supporting Documentation

You will need to provide the following supporting documents:

- a reference of support from your supervisor at your home university, which confirms your enrolment on your current degree programme and satisfactory progress on this degree programme. If you are participating through any funded activity (e.g. Erasmus+ or WUN), the letter or support must also provide confirmation of this
- confirmation of agreement (email/letter) from your proposed supervisor at Southampton

Please attach a copy of the reference and confirmation agreement with this application form. Please note that your application will not be able to be progressed without this supporting documentation.

Contact details of your supervisor/tutor at your home university	Name:	
	Title:	
	Email:	
Contact details of your proposed supervisor at Southampton University	Name:	
	Title:	
	Email:	

4. Additional Support

Do you have any disabilities, medical or mental health conditions which might require special arrangements or facilities?	
00 No known disability	<input type="checkbox"/>
08 Two or more impairments and/or disabling medical conditions	<input type="checkbox"/>
51 A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	<input type="checkbox"/>
52 General learning disability (such as Down's syndrome)	<input type="checkbox"/>
53 A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	<input type="checkbox"/>
54 A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	<input type="checkbox"/>

55	A mental health condition, such as depression, schizophrenia or anxiety disorder	<input type="checkbox"/>
56	A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	<input type="checkbox"/>
57	Deaf or a serious hearing impairment	<input type="checkbox"/>
58	Blind or a serious visual impairment uncorrected by glasses	<input type="checkbox"/>
96	A disability, impairment or medical condition that is not listed above	<input type="checkbox"/>

5. English Language Competence

<p>For information about the University's English Language entry requirements and exemptions please visit the following website.</p>	
Is your first language English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your answer to the question above is 'No', do you hold an English Language qualification?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If you answer to the question above is 'Yes', please provide details of your English Language test</p> <p><i>(Please note that English Language qualifications must be less than 2 years old)</i></p>	<p>Please select the English Language Test you have taken:</p> <p>ELTS (International English Language Testing System) <input type="checkbox"/></p> <p>TOEFL (Test of English as a Foreign Language) <input type="checkbox"/></p> <p>Pearson PTE (Academic) <input type="checkbox"/></p> <p>Cambridge English: Proficiency and Advanced) <input type="checkbox"/></p> <p>Cambridge English First (FCE) <input type="checkbox"/></p> <p>Trinity College ISE (Integrated Skills in English) <input type="checkbox"/></p>
	<p>Please enter your test scores below:</p>
	<p>Reading:</p>
	<p>Writing:</p>
	<p>Listening:</p>
	<p>Speaking:</p>
	<p>Overall:</p>
	<p>Date of test taken</p>

If you do not currently hold an English Language qualification, please provide details of the test you are expecting to take.	Please select the English Language Test you are expecting to take:	
	ELTS (International English Language Testing System) <input type="checkbox"/> TOEFL (Test of English as a Foreign Language) <input type="checkbox"/> Pearson PTE (Academic) <input type="checkbox"/> Cambridge English: Proficiency and Advanced) <input type="checkbox"/> Cambridge English First (FCE) <input type="checkbox"/> Trinity College ISE (Integrated Skills in English) <input type="checkbox"/>	
	Date of when you expect to take the test:	

International students only:

If you require a confirmation of acceptance of studies (CAS) number to apply for a Student visa, you will need to provide evidence that your English Language proficiency meets the required level. For a list of accepted Secure English Language Tests (SELTs), please visit the following [website](#).

For certain programmes, it may also be necessary to apply to the Foreign and Commonwealth Office's (FCO) [Academic Technology Approval Scheme \(ATAS\)](#) for clearance to study this programme in the UK before an application for a visa can be made. Details of whether you require ATAS clearance will be included in your offer letter.

Please note that you will be required to show the original certificates(s) when you arrive at the University of Southampton.

6. Applicants signature

<i>Please tick the boxes below to indicate your agreement. Please note that the University cannot process your application unless you have indicated your agreement to these conditions.</i>	
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 <input type="checkbox"/>	
Declaration	
By submitting this application, I declare that the information I have provided is accurate and no material information has been omitted. Whilst I am studying at the University of Southampton, I agree to abide by the University's rules and regulations, including those regarding academic integrity, personal conduct and behaviour.	
Yes <input type="checkbox"/>	
Signature:	Date:

SECTION B - FOR FACULTY USE ONLY:

PART 1: To be completed by the Faculty Admissions Office or Graduate School Office			
Is the student a <u>Visiting Research Student</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Please see the Academic and Staff Visitor Policy .	
Has the student provided the correct supporting documentation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the student have sufficient academic ability and English language competence to follow the proposed programme of study?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fees: Is the duration of the visit more than 12 weeks? <i>(For further guidance on fees, please see Section 10.0 Academic Fees, in the Visiting Student Policy and Procedures document).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Programme Code/Name			Student type code

PART 2: To be completed by the proposed Supervisor			
Project title and project description			
Will the Faculty be covering the cost or contributing towards the tuition fees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Please provide the budget code:		Amount (£)
Name of Supervisor:			
Signature			Date

PART 3: Authorisation		
Head of Academic Unit/ Doctoral Programme Director (or equivalent)	Name	
	Signature	
	Date	
Head of Faculty Finance* <i>*(HOFF authorisation only required when the Faculty is covering the cost or contributing towards the tuition fees)</i>	Name	
	Signature	
	Date	
Faculty Director of Graduate School (or equivalent)	Name	
	Signature	
	Date	
<i>This form should now be returned to the relevant Faculty Admissions or Doctoral College Team</i>		

PART 4: Checklist reminder					
<i>Application form completed and signed</i>	<input type="checkbox"/>	<i>Student visa required</i>	<input type="checkbox"/>	<i>Sent to Admissions</i>	<input type="checkbox"/>
<i>Supporting documents received</i>	<input type="checkbox"/>	<i>Checked for criminal convictions (if relevant)</i>	<input type="checkbox"/>	<i>Advised Fees Office</i>	<input type="checkbox"/>
<i>Checked supervisory loading</i>	<input type="checkbox"/>	<i>Checked resources required</i>	<input type="checkbox"/>	<i>Banner updated</i>	<input type="checkbox"/>

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 Registry Admissions, the form is kept separate from your application and is not seen or made known to anyone considering your application for admission.

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

- | | |
|--|---|
| <input type="checkbox"/> (10) White | <input type="checkbox"/> (41) Mixed - White and Black Caribbean |
| <input type="checkbox"/> (15) Gypsy or Traveller | <input type="checkbox"/> (42) Mixed - White and Black African |
| <input type="checkbox"/> (21) Black or Black British - Caribbean | <input type="checkbox"/> (43) Mixed - White and Asian |
| <input type="checkbox"/> (22) Black or Black British - African | <input type="checkbox"/> (49) Other mixed background |
| <input type="checkbox"/> (29) Other Black background | <input type="checkbox"/> (50) Arab |
| <input type="checkbox"/> (31) Asian or Asian British - Indian | <input type="checkbox"/> (80) Other ethnic background |
| <input type="checkbox"/> (32) Asian or Asian British - Pakistani | <input type="checkbox"/> (90) Not Known (UCAS code) |
| <input type="checkbox"/> (33) Asian or Asian British - Bangladeshi | <input type="checkbox"/> (98) I decline to say |
| <input type="checkbox"/> (34) Chinese | |

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.

NAME _____

Programme _____

Signature _____

Date _____

Please **only** send the ethnic origin form to admissions.hub@soton.ac.uk. The application form (pages 3-9) should be sent to the relevant Faculty Admissions Team or Graduate School. See page 2 for a list of contact details.