APPLICATION FOR STUDY AT UNIVERSITY OF CENTRAL LANCASHIRE ACADEMIC YEAR 2014/15

To be completed by Coordinator in sending	institution:
Sending Institution	
Name of Coordinator	
Completed form to be returned to: Rachel Smith, Senior International Office University of Central Lancashire, Preston Tel: 44 1772 895011 Fax: 44 1772 8949	er, International Office 1, PR1 2HE, UK 952
To be completed by student	
Student Personal Details	
Family Name	Given Name
Nationality	.Date of Birth
Sex M/F	Country of Birth
Contact Address	Home Address (if different)
Tel No:	Tel No:
Email Address	
Do you have a disability/special needs (i Yes/No	ncluding dyslexia)/medical condition:
Expected Date of Arrival	

Current Study			
Programme of study (please indicate majo	on which you are coor/minor; joint; etc	urrently enrolled)	
Degree/Qualificatio	_		
VISA INFORMATI	ON - PLEASE ENG	LOSE A COPY OF	YOUR PASSPORT
Do you intend to app Do you intend to app (for students comin extend there visa or	oly for aTier 4 Gene oly for a Student vis g to the UK for le r have permission to	ral student visa sitor Visa ss than six month: o work)	YES/NO YES/NO s, they are not able to
Study requested at	· University of Cen	tral Lancashire	
Dates of study perio	od: From		То
Module Title	Module Code Lev	el Module Value	Semester 1,2 or year
1st Choice of cours	ses		
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2nd Choice of cours	ses_		
			
Note: Students st semesters.	udying full-time n	ormally undertake	6 modules over two
You can study no le 4 modules in any Students are stron level 2 units. Leve	ess than 3 modules one semester a ngly advised to re I 3 units are at fir	in any one semes nd 7 modules ir strict their progr nal honours level.	ster and no more than n an academic year. ramme to level 1 and

PLEASE SUPPLY AN UP TO DATE COPY OF YOUR TRANSCRIPT WITH THIS FORM