



Outbound Student Exchange Application Form

(To be completed by UniSey Students)

All completed forms and documents must be submitted to: Global@unisey.ac.sc

PERSONAL INFORMATION			
Title	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
Full Name:			
Gender:			
Date of Birth:	D/M/Y		
Nationality:			
Country of Origin:			
Passport No.			
Passport expiry date			
Email address:			
Telephone No:	(Country code-number)	Mobile No:	(Country code-number)
Home address:			

EMERGENCY CONTACT	
Title	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other:
Name:	
Relationship:	
Address:	
Contact No:	
Email Address:	

MEDICAL/DISABILITY NEEDS	
Do you have any physical or medical conditions that UniSey and the Host institution should be made aware of? <i>e.g hearing/visual impairment, allergies, mobility/learning or medical requirements etc..</i>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, please specify:

ACADEMIC INFORMATION (Home institution)			
UniSey Student Number			
Course enrolled on at UniSey:			
Level of study:	Undergraduate		Postgraduate
Specialization (if applicable)			
Year/Semester	Year:	Semester:	
Expected end date/year of studies:			

DETAILS OF EXCHANGE (Host Institution)

Host Institution Name:	
Host Institution Address:	
Telephone No:	(Country code-number)
Email Address:	
Course/Program Preference:	
Department:	
Duration (days/weeks/ months/year):	Duration: _____ Semester: _____
Intended start/end date:	Start date(dd/mm/yy) _____ End date (dd/mm/yy): _____

Unit Preference	Unit Name	Unit Code	Campus	Start date
Preference 1				
Preference 2				
Preference 3				
Preference 4				
Preference 5				

Will you receive a certificate after completion from the host institution? Yes No

If yes, please provide the name of the certificate:

Have you attended an exchange information session? Yes No

Please provide reasons for applying for the exchange programme. Include potential advantages of the exchange and what you expect to gain from it.

HOST COUNTRY COORDINATOR FOR EXCHANGE

Staff Name:	
Designation and Department:	
Email Address:	
Contact Number:	

Exchange Approval (Home country)			
<i>This section must be completed by Head of Department and Dean</i>			
Staff Name (1)			
Designation and Department:			
Email Address:			
Contact Number:			
Exchange Approved:		Yes	No
Signature:		Date and Stamp:	
Staff Name (2)			
Designation and Department:			
Email Address:			
Contact Number:			
Exchange Approved:		Yes	No
Signature:		Date and Stamp:	
Internship Supervisor Name and signature:			

FINANCIAL RESOURCES	
Expected source of funding while following your exchange programme (<i>please note that no allowance/salary will be provided to students following exchange programmes in host institutions</i>):	
Self <input type="checkbox"/> Parents <input type="checkbox"/> Government <input type="checkbox"/> Loan <input type="checkbox"/> Grant <input type="checkbox"/>	
Other <input type="checkbox"/> please specify:	

CHECK LIST		Tick here <input checked="" type="checkbox"/>
1.	Completed Student Exchange Application form	
2.	Latest UniSey academic results	
3.	Proof of sufficient funding such as bank statement or signed letter from a bank	
4.	Proof of Health/Medical Insurance to cover students during the exchange in host country	
5.	Letter of approval from host institution confirming exchange	

DECLARATION AND SIGNATURE

I certify that the information provided on the Student Exchange Application Form is true, complete and correct to the best of my knowledge. I acknowledge that the provision of false and misleading information may result in non-acceptance of this application.

Name:	
Signature:	
Date	

OFFICIAL USE

Documents received:						
Completed Student Exchange Application form		<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>				
Proof of sufficient funding such as bank statement or signed letter from a bank						
Proof of Health/Medical Insurance to cover students during the exchange in host country						
Letter of approval from host institution confirming exchange						
Verified by:						
Name:	Signature:	Date:				
Exchange Approved by Host institution <input type="checkbox"/> Exchange Not approved by Host institution <input type="checkbox"/>						
Department:	Name:	Signature and stamp:				
Comments:						