



Student Exchange/Study Abroad application form

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	
Name:	
Relationship:	
Address:	
Contact No:	

ACADEMIC INFORMATION			
Name of Home institution			
Level of study:	Undergraduate		Postgraduate
Specialization			

Year/Semester	Year:	Semester:	
Is English your first language	Yes		No
English qualification if English is not your first language <i>e.g A Level, IGCSE, IELTS, TOEFL:</i>	Level:		
	Grade/Score:		
	Year:		
DETAILS OF EXCHANGE COORDINATOR AT HOME INSTITUTION			
Name:			
Post Title:			
Department:			
Address:			
Telephone No:			<i>(Official Stamp)</i>
	<i>(Country code-number)</i>		
Email Address:			
Signature:			

EXCHANGE PROGRAM/STUDY ABROAD DETAILS		
Application Type:	Exchange <input type="checkbox"/>	Study Abroad <input type="checkbox"/>
Program intended to study at UniSey:		
Date and Year you wish to enroll:	Date/Year:	Duration:
Semester:	<input type="checkbox"/> One (Sep-Dec) <input type="checkbox"/> Two (Jan-Apr) <input type="checkbox"/> Three (May-Aug)	
Unit/Module Selection (Select six to eight units/modules you would like to study)		
Title	Unit Code	Credit points

Title	Unit Code	No. of Credits
Total Credit		

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

FINANCIAL RESOURCES
Expected source of funding:
Self <input type="checkbox"/> Institution <input type="checkbox"/> Parents <input type="checkbox"/> Government <input type="checkbox"/> Loan <input type="checkbox"/>
Other <input type="checkbox"/> please specify:

CHECK LIST		Tick here <input checked="" type="checkbox"/>
1.	Student Exchange/Study Abroad application form	
2.	2 passport photos	
3.	A copy of information page on passport	
4.	Curriculum Vitae	
5.	Letter of recommendation from institution	
6.	Proof from institution confirming status (Registration/Enrolment)	
7.	Certified copy of academic transcript	
8.	Certified copy of English proficiency test	
9.	Proof of sufficient funding such as bank statement or signed letter from a bank	
10.	Proof of Health/Medical Insurance to cover fellows during their stay	
11.	Processing fee €20	
12.	Visiting student fee €200 upon approval	

DECLARATION AND SIGNATURE

I certify that the information provided on the Student Exchange/Study Abroad Application Form are 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:		
Student Exchange/Study Abroad application form		
2 passport photos		
A copy of information page on passport		
Curriculum Vitae		
Letter of recommendation from institution		
Proof from institution confirming status (Registration/Enrolment)		
Certified copy of academic transcript		
Certified copy of English proficiency test		
Proof of sufficient funding such as bank statement or signed letter from a bank		
Proof of Health/Medical Insurance to cover fellows during their stay		
Processing fee €20		
Visiting Student fee €200		
Verified by:		
Name:	Signature:	Date:
Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	
Dean/Head of Department:	Name:	Signature:
Comments:		
Global Engagement Committee		
Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	
Comments:		

**BANK DETAILS FOR TRANSFER OF FUNDS FROM OVERSEAS BANKS TO
LOCAL ACCOUNT (NOUVOBANQ SIMBC)**

CURRENCY TRANSFER----- EURO

CORRESPONDING BANK DETAILS

STANDARD CHARTERED BANK (GERMANY) GMBH
FRANKLINSTRASSE 46-48
60486 FRANKFURT AM MAIN
GERMANY
IBAN-----DE 58512305000018110402
SWIFT CODE-----SCBLDEFX

BENEFICIARY'S BANK

ACCOUNT NUMBER -18110402
NOUVOBANQ SIMBC
VICTORIA HOUSE
PO BOX 241, VICTORIA
MAHE
SEYCHELLES
SWIFT CODE -----NOVHSCSC

BENEFICIARY'S ACCOUNT DETAILS

ACCOUNT NUMBER: 01002-038225-00-6

ACCOUNT NAME: The University of Seychelles

AND ADRESS: P.O.Box 1348, Victoria, Mahe
Seychelles

PURPOSE OF PAYMENT; _____



University of
Seychelles

For Official Use

Application Receipt Date		Accommodation Attained	
Date Applicant informed		Accommodation as per preference?	

ACCOMMODATION APPLICATION FORM

PLEASE USE BLOCK LETTERS. Tick boxes as appropriate.

APPLICANT'S DETAILS

Given Name(s) Name

Date of Birth Gender M F
(dd/mm/yyyy)

Nationality Country of Origin

Religion/Faith Social Background

Address for Correspondence

Contact Number Email Address

EMERGENCY CONTACT

Given Name(s) Surname

Contact Address

Contact Number Email Address

PROGRAMMES DETAILS

Diploma First degree Postgraduate Others

ACCOMMODATION REQUIREMENTS

House/Apartment shared with other students

House/Apartment not shared with others

Homestay (a room in a family house)

Number of room(s) required

Special needs requirements

DECLARATION

I agree for a representation of UniSey to identify and secure an accommodation on my behalf as per description on this form. I understand that I will have to sign my own accommodation lease with the respective landlord upon my arrival in the country and prior to moving.

I declare that all the information given above is true.

Signature

Date

Please submit by:

Post: UniSey Global Office
University of Seychelles
PO Box 1348
Anse Royale
Mahé
Seychelles

Email: Global@unisey.ac.sc