

## **University of Salford**

## **INCOMING ERASMUS STUDENT APPLICATION FORM 2002-2003**

**Deadline Semester 1 = 10^{th} June** 

**Deadline Semester 2 = 31st October** 

Please return this form to the Academic Contact at the University of Salford

Salford Academic responsible for exchange:						
NAME:	SCHOOL					
EMAIL:	FAX: +44 161 295					
Student Personal Details						
Family Name	First Names					
Home Address						
D. C. C. I	NT (* 17)	1				
Date of Birth	Nationality					
Sex: MALE / FEMALE	E-mail:					
<b>Student Study Details</b>						
Subject & Course Title at Home University		Year of Study				
Home Institution						
Home Institution ERASMUS ID Code						
Home Institution SOCRATES-ERASMUS Institutional Coordinator						

Please enclose your CV or any other information that may enhance your application

## For International Office use only

Departments - please complete action taken slip overleaf, and send a copy of the complete application form to the International Office before 10 June (Semester 1) or 31 October (Semester 2)

Pauline Hardman International Office University of Salford Salford M5 4WT,UK

Tel: +44 161 295 5320 / Fax: +44 161 295 4123 Email: <u>p.hardman@salford.ac.uk/intoff@salford.ac.uk/</u>

Home Institution Academic responsible for exchange								
Name								
D			T 1					
Department		Faculty						
Email:		Fax:						
emaii:		rax.						
Request for Study	at Salford	- Please not	te the Unive	rsity of Salf	ord's Seme	ster Dates		
	09/02 - 02/	02/03	Semeste	r 2 (	03/02/03 -	13/06/03		
Date From			Date To					
Field of Study requested								
Specific Course title (if know	vn)							
Specific Course title (if know	vii)							
Language Compete	ence							
Mother tongue			Language of instruction at home institution (if different)					
English Languages Competence		y studying this guage	I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra			
Competence	Turie	,uuge						
	Yes	No	Yes	No	Yes	aration No		
English Language Qualificati	ions (if any)							
Please supply further information on a separate sheet, which could enhance your application								
rease supply further infor	mation on a se	cparate sheet,	vinen could en	mance your ap	pheation			
* ACTION TA	AKEN - For	University	of Salford I	nternational	Office use	only		
Date application received Date sent onto								
Name Department								
			zepu					
If the application originated from the International Office departments only need to return this Action Taken slip. If it was sent directly to you from your partner university, please complete Action taken slip and copy the whole application form to the International Office								
ACTION taken by Department of								
Name of Academic								
Name of Student Applicant								
Name of Partner								
University								
STUD	ENT ACCEPT	TED	STUDENT R	REJECTED .	••••••			
Date/ of depart	rtmental renly	to student enclo	sing if accente	d all relevant i	nformation (ie			
Date/ of departmental reply to student enclosing if accepted all relevant information (ie accommodation booklet / application form & international student handbook)								