



UNIVERSITY  
*of*  
GLASGOW

Attach student  
photograph here

## University of Glasgow

### SOCRATES-ERASMUS Study Period Application

### Academic Year 2003/2004

To help us make the necessary arrangements for your study period at the University of Glasgow in 2003-2004, please complete this form and return it to: Student Recruitment and Admissions Service (European Exchange)  
1 The Square, University of Glasgow, Glasgow G12 8QQ

#### 1 SENDING INSTITUTION

Name and full address of institution \_\_\_\_\_

Department co-ordinator - name, telephone, fax, email \_\_\_\_\_

Erasmus University Code (eg UK GLASGOW01) \_\_\_\_\_ Erasmus Subject code (eg 10.1 Law) \_\_\_\_\_

Institutional co-ordinator - name, telephone, fax, email \_\_\_\_\_

#### 2 PERSONAL DETAILS

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Nationality \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel No \_\_\_\_\_ E-mail \_\_\_\_\_

Please tick here if you require assistance due to a disability ☐

Briefly state the nature of your disability \_\_\_\_\_

Next of Kin \_\_\_\_\_

Relationship (eg mother, father) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel No \_\_\_\_\_ E-mail \_\_\_\_\_

### 3 DATES OF PROPOSED STUDY PERIOD AT THE UNIVERSITY OF GLASGOW

Proposed Start Date (please tick)

30 September 2003 ☐ 12 January 2004 ☐

Duration of Stay (please tick)

September - December ☐ September - March ☐ September - June ☐

January - March ☐ January - June ☐

Other (Please complete this section only if you are a Postgraduate student or taking part in a Clinical Placement)

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### 4 PROPOSED SUBJECTS/COURSES OF STUDY/SUBJECT OF RESEARCH PLACEMENT

(in order of preference)

For University of Glasgow Use Only

		Approved	Not Approved	Initial
1	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	Course Title _____ Code _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please comment in Section 8

Research Placement Students only: Please give name of academic supervisor if you have had previous contact:

\_\_\_\_\_

### 5 PREVIOUS AND CURRENT STUDY PROGRAMME

Home University \_\_\_\_\_

Undergraduate/Postgraduate (please specify) \_\_\_\_\_

Current Year of Study (eg 2nd, 4th) \_\_\_\_\_

Degree subject studied \_\_\_\_\_

Have you already studied abroad? ☐ YES ☐ NO If yes, which country? \_\_\_\_\_

Briefly state the reasons why you wish to study abroad \_\_\_\_\_

\_\_\_\_\_

6 **LANGUAGE COMPETENCE**

First Language \_\_\_\_\_

Language of instruction at home institution \_\_\_\_\_

English Language competence: Spoken ☐ GOOD ☐ FAIR ☐ POOR

Written ☐ GOOD ☐ FAIR ☐ POOR

English Language Examination/test taken ☐ YES ☐ NO If Yes, please attach copy of qualification certificate

Examining Body \_\_\_\_\_

Date \_\_\_\_\_ Result \_\_\_\_\_

Do you have sufficient knowledge to follow lectures? ☐ YES ☐ NO

Are you currently studying English? ☐ YES ☐ NO

7 **SENDING INSTITUTION (Your application will not be processed without both signatures)**

Signature of Socrates Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of University Socrates Co-ordinator \_\_\_\_\_ Date \_\_\_\_\_

8 **RECEIVING INSTITUTION**

Name of Institution: **University of Glasgow**

The above mentioned student is:

Provisionally accepted at our institution ☐ Not accepted at our Institution ☐

Comment re suitability of course choice to be communicated to applicant:

\_\_\_\_\_

\_\_\_\_\_

Signature of Department Co-ordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Institutional Co-ordinator \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** The deadline for students applying for **Term One** or the **Full Year** is **Friday, 6 June 2003**. The deadline for students applying for **Term Two** or **Terms Two and Three** is **Friday, 24 October 2003**. **Applications received after the these dates will not be considered.**

FOR OFFICE USE ONLY

ERASMUS Code: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_

Co-ordinator: \_\_\_\_\_

Date Entered on DAS: \_\_\_\_\_

Adviser of Studies: \_\_\_\_\_

Subject Code: \_\_\_\_\_

Date Input onto Database: \_\_\_\_\_

DAS Reference Number: \_\_\_\_\_

Date Form sent to Co-ordinator: \_\_\_\_\_

Matriculation Number: \_\_\_\_\_

Accepted/Rejected: \_\_\_\_\_