



UNIVERSITY
of
GLASGOW

Attach student
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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 _____ Erasmus Subject code _____
 (eg UK GLASGOW01) (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: _____