Application for Admission as a Visiting Student



To be completed by Loughb	orough University	y School/Depai	rtment:					
Application type:	Erasmus+ □ WI		EDC		General Visiting Student □			
To be completed by the Applicant – Please type or complete in BLACK INK using BLOCK CAPITALS SECTION 1: PERSONAL DETAILS								
Title: F	orename(s):			Surna	ame:			
Date of Birth:	Gender:		N	ationali	ty:			
Country of Birth:			Domicile (Country	' :			
Permanent Address: Correspondence Address (if different): Email: Phone No: Phone No:								
SECTION 3: SUPPORTING INFORMATION Do you have a physical, sensory or mental health disability, long term health condition, autistic spectrum condition or dyslexia?								
If yes, we encourage you to share further information here with us so we can plan to support you:								

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SECTION 4: QUALIFICATION DETAILS

Current Study

Diploma/Degree Level (e.g. PhD):			
Diploma/Degree Subject (e.g. Materials Engineering):			
Current Year of Study (e.g. 3):			
End Date of Study (dd/mm/yyyy):			
Previous Study			
Highest Attained Qualification Level (e.g. BEng):			
Highest Attained Qualification Subject(s):			
Date of Attainment (dd/mm/yyyy):			
English Language Qualifications For visa purposes, an appropriate English language qualification is required for all non-UK nationals. A lis acceptable English language qualifications can be found at: http://www.lboro.ac.uk/international/applicant			
Name of Qualification (e.g. IELTS):			
Date of Test (dd/mm/yyyy):			
Score(s) Obtained:			
SECTION 5: EVIDENCE Please ensure that you have provided evidence of the following: All Applicants			
Evidence of highest attained qualification (e.g. Certificate)			
Transcript of current study (if applicable)			
Non-UK Nationals	•		
Photocopy of passport photo page			
Evidence of English Language qualification (e.g. Certificate) if already achieved			
SECTION 6: APPLICANT DECLARATION			

I hereby apply for admissions as a Visiting Student at Loughborough University and confirm that the information I have provided on this application is complete and accurate:

	Signed:		Date:	
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To be completed by the **Loughborough University School/Department**.

Please note that the application will not be processed without full completion of this page

SECTION 7: PROGRAMME DETAILS

Department Name:		Programme Cod				e Code:		
Programme Title:								
Start Date (dd/mm/y	ууу):	yy): End Date (dd/mm/yyyy):						
Is this study part of a	formal exc	change progra	amme (e.g. TEI	MPUS)?				
If yes, which program	nme?							
SECTION 8: TUITION FEES								
Tuition Fees Due:		Amount:	£		Account Code	:		
SECTION 9: OTHER INFORMATION								
Does the student req	uire an ATA	AS certificate	?			Yes 🗆	No) [
Will the student be taking any taught modules? Yes □ No □								
If yes, please give de	tails:							
Departmental Contact (in case of query):								
SECTION 10: DEPARTMENTAL AUTHORISATION Please admit this student as a Visiting Student of the University. I confirm that the programme and tuition fee details are correct:								
Departmental Representative Name:								
Departmental Representative Signature:								
Departmental Coord	dinator Sig	ınature:				Date:		

Once this form is complete and signed by the Departmental Coordinator, it should be sent by email to direct@lboro.ac.uk

No arrangements for student registration or accommodation can be made without receipt of this form.

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