

Application to Study Under the Student Exchange Program

This form should be completed if you are applying to study at a partner university under the Student Exchange Program. The form should be accompanied by the following documentation: photocopy of your NRC and Passport, a copy of your transcript. It is recommended that you keep a photocopy of your completed application.

A. Student Details (please pri	nt in CAPITAL LETTERS)						
Last Name:	Matriculation ID:						
First Name:	NRC No.:						
Student Program:	Passport No.:						
Passport Issue Date:	Passport Expiry Date:						
Address:						 	
Phone #:	Email:					 	
How many terms have you been studying a	nt NU?	-					
C	GPA as of your last Transcript:		-				
B. Partner University Details							
University/College Name:		-					
Country/Location:							
Number of Terms/Semesters you anticipate to	be studying at the partner university:					 	
Anticipated Departure Date:	Date of Return: _					 	
C. Student Medical Details							
Food Allergies (please indicate if you have any							
Please indicate any other medical conditions to the second conditions t	hat we need to be aware of and any medication you	u are (curren	tly taki	ng)		
2							

D. Student Statement (In not	less than 400 words,	write a personal sta	temen	t about	how s	tudying	j at pa	rtner u	niversity	will ben	efit you)
E. Next of Keen Details an	nd Consent										
Last Name:		NRC No:									
First Name:		Relationship	0:							_	
Address:											
Address 2:											
Phone #:	Email:										
Ican travel to study at the partner universit											
Signature:				Date:							
F. Due Date for Submission	n										
This application should be submitted to submissions will not be accepted.	the Registrar as soo	on as possible. The	closin	g date	for this	s applic	cation	is <i>Fria</i>	day, 13 [#]	^h May 20	<i>011</i> . Late
G. Transport and Accomm partner university. Please refer to "Studen											ile at the
I will be able to pay for my transport fare ((Round Trip)										
I will be able to pay for my accommodatio	n										

Student Declaration

T	make this declaration truthfully confirming that the information submitted
with this application is correct and accurate, and will abide by the stated of 20	conditions herein. Declared this day of
Student Signature	Date:
Office U	Jse Only
Payment Confirmation and Recommendation:	
To be Completed by Accounts Office	Recommendation by Faculty Member
Tuition Fees Paid: (ZMK Amount)	Recommended by:
Received by:	Signature
Signature:	Date:
Date:	
Approval and Notes:	
Approved	
Yes No No	
Head of Faculty Name:	
Notes:	
Head of Faculty Signature:	Date: