



Application for the University of Portsmouth

Study Abroad Program

Select your Faculty:

- ☐ Faculty of Business and Law
- ☐ Faculty of Creative and Cultural Industries
- ☐ Faculty of Humanities and Social Science
- ☐ Faculty of Science and Health
- ☐ Faculty of Technology

Study Level:

- ☐ Bachelor
- ☐ Master

Intake:

- ☐ January
- ☐ September

Duration of study:

- ☐ 1 Semester
- ☐ 2 Semesters (only possible from September intake)

Personal Details

Title:

- ☐ Mr
- ☐ Mrs
- ☐ Ms
- ☐ Other: _____

Gender:

- ☐ female
- ☐ male

Surname:

Forename:

Middle Names:

Date of Birth:

Day: _____ Month: _____ Year: _____

Country of Birth:

Legal Nationality:

Dual Nationality:

Residential Category: ☐ EU National ☐ EEA or Swiss National ☐ Child of a Turkish Worker
☐ Refugee ☐ Other

Country of Residence: _____

Have you previously applied to or studied with us? ☐ Yes ☐ No

Do you have a disability, impairment or long-term medical condition that may impact your studies? This information will assist the University in monitoring and improving services to assist students with special needs.

☐ Yes ☐ No

If yes, please specify (e.g. Mobility): _____

Contact Details

Home Address

Country: _____

Zip Code: _____

Street name + number: _____

City: _____

State: _____

Telephone: _____

Mobile: _____

Correspondence Address

Country: _____

Zip Code: _____

Street name + number: _____

City: _____

State: _____

Telephone: _____

Mobile: _____

Nominated Contact

Nominated Contact

Name: _____

Nominated Contact

Relationship: Agent _____

English Language Qualification

Is English your first language? ☐ Yes ☐ No

What is your first language? _____

Did you study at school/university where you were taught in English? ☐ Yes ☐ No

Have you sat (or are planning to sit) a relevant English Language Test? ☐ Yes ☐ No

Type of Qualification (e.g. IELTS): _____

Qualification 1:

Where did you take this qualification? _____

Qualification/Degree (e.g. A-Level)? _____

Institution (Name of School): _____

Type of qualification: ☐ Academic ☐ Professional

Subject: _____

Completed: ☐ Yes ☐ No

Qualification 2:

Where did you take this qualification? _____

Qualification/Degree (e.g. A-Level)? _____

Institution (Name of School): _____

Type of qualification: ☐ Academic ☐ Professional

Subject: _____

Completed: ☐ Yes ☐ No

Qualification 3:

Where did you take this qualification? _____

Qualification/Degree (e.g. A-Level)? _____

Institution (Name of School): _____

Type of qualification: ☐ Academic ☐ Professional

Subject: _____

Completed: ☐ Yes ☐ No

Preferred courses for your abroad study at Portsmouth University

Module code	Module name	Semester
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1. _____	_____	____
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2. _____	_____	____
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3. _____	_____	____
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4. _____	_____	____
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5. _____	_____	____
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6. _____

Professional/Work Experience

Employer name and address: _____

Job title and main responsibilities: _____

☐ Full time ☐ Part time

Date of Appointment Day: _____ Month: _____ Year: _____

End date (if applicable) Day: _____ Month: _____ Year: _____ ☐ still employed

Data Protection Statement

By ticking the checkbox below and submitting your completed online application form, you are consenting to the University of Portsmouth using the information provided from time to time, along with any further information about you the University may hold, for the purposes set out in the University's full Data Protection Statement. The information that you provided on your application form will be used for the following purposes:

To enable your application for entry to be considered and allow our Admissions Advisors, where applicable, to assist you through the application process;

To enable the University to compile statistics, or to assist other organisations to do so. No statistical information will be published that would identify you personally;

To enable the University to initiate your student record should you be offered a place at the University.

Declaration

All applicants should note that the University reserves the right to make without notice changes in regulations, courses, fees, etc. at any time before or after a candidate's admission. Admission to the University is subject to the requirement that the candidate will comply with the University's registration procedure and will duly observe the Charter, Statutes, Ordinances and Regulations from time to time in force.

By ticking the checkbox below and submitting your completed online application form, you are confirming that the information given in this form is true, complete and accurate and that no information requested or other material information has been omitted. You are also confirming that you have read the University's Data Protection Policy.

- ☐ I have read, understand and agree to the above.

- ☐ I hereby permit College Contact to submit the information which I have provided on this form to the University of Portsmouth via an electronic online application form created and maintained by the University of Portsmouth.

Date _____ Signature _____