

Exchange student application (full-time undergraduate programme)

NB: This application form should only be used by exchange students applying to study in the UK at the University of the West of Scotland.

APPLICANTS PLEASE NOTE:

1. Read the prospectus before completing the form in **BLACK INK** using **BLOCK CAPITALS** throughout.
2. To enable your application to be considered, personal data provided on your application will be entered on the University's computer records. At all times use of this data will be strictly in accordance with the principles laid down by the Data Protection Act 1998.
3. Completed application forms should be returned as soon as possible in the preceding academic year to: The Admissions Office, University of the West of Scotland, Paisley Campus, Paisley PA1 2BE

1. NAME AND ADDRESS

Surname/Family name: _____

Title (Mr/Mrs/Miss/Ms): _____

First name: _____ Middle name: _____

Permanent home address: _____

Postcode: _____

Tel no: _____ Mobile no: _____

Address for correspondence (if different): _____ Valid from: _____ until: _____

Postcode: _____

Tel no: _____ E-mail: _____

Previous surname/family name: _____

2. PERSONAL DETAILS

Date of birth (DD/MM/YYYY): / / Age on 1 October of year of entry: _____

Country of birth: _____ Gender (tick appropriate box): Male Female

Nationality: _____

3. CHOICE OF PROGRAMME(S)

Title of Programme(s) (N.B. This information is vital. If you fail to complete this section it could lead to a delay in the processing of your application.)	Level of entry 1/2/3/4 Year	Start date Month	Year
1.			
2.			
3.			
4.			

How many trimesters do you intend to study with us for? (tick appropriate box): 1 2 3

Do you intend to graduate from the University of the West of Scotland? YES NO

Have you previously attended the University of Paisley? YES NO Bell College? YES NO

If YES please give dates: From..... To..... Please enter your Matriculation/Student ID number if known /.....

Please enter qualification obtained: _____

4A. PARTICULARS OF CURRENT INSTITUTION

Please give details of your home university/institution you are currently studying at:

Name	Town	From Month	Year	To Month	Year

Please provide details of an academic contact at the above institution:

Name:

E-mail:

ACADEMIC QUALIFICATIONS - Complete 4B, 4C, 4D as appropriate

4B. Examinations for which results are known (SEE NOTES UNDER INFORMATION FOR APPLICANTS):

Applicants must list all subjects taken, whatever the results, in chronological order. Group together all subjects taken at one sitting. Please also state if your studies were on a full-time or part-time basis. **NB: Please enclose a copy of transfer of prior credit in English.**

Examination

Month	Year	Subject	Level	Full-time/part-time	Results (Grades or Bands)

Proof of English Language level (i.e. Qualification obtained):

4C. Title of qualification you are working towards:

Overall duration of programme: _____

N.B.: Even if you are including copies of your transcripts you **MUST** complete part 4C.

4D. Examinations to be taken, or results pending:

(if none, write 'NONE'). Please also state if your studies are on a full-time or part-time basis.

Examination

Month	Year	Subject	Level	Full-time/part-time	Results (Grades or Bands)

5. REFERENCES

Please give details of someone who will provide an academic reference for you.

Please note: it is your responsibility to arrange for the provision of a reference.

Name:

Telephone:

Address:

E-mail:

6. EMPLOYMENT

Enter previous and present employment (if any) in chronological order:

Employer's name and address	Nature of work	From		To	
		Year	Month	Year	Month

7. CRIMINAL CONVICTIONS (see notes)

If you have a relevant criminal conviction, enter x in the box.
 (Please also see separate enclosure for a definition of relevant criminal convictions.)

8. DISABILITY/ SPECIAL NEEDS

(Please circle the appropriate character)

No known disability	0	You have a specific learning difficulty (for example, dyslexia)	1
You are blind/partially sighted	2	You are deaf/have hearing impairment	3
You are a wheelchair user/have mobility difficulties	4	You require personal care support (please specify below)	5
You have mental health difficulties	6	You have an unseen disability, eg diabetes, epilepsy, asthma, or a heart condition	7
You have multiple disabilities	8	You have a disability not listed above	9
You have Autistic Spectrum Disorder (including Aspergers Syndrome)	T		

Please provide details of any special or extra facilities or support you may require below:

9. RESIDENCE

Where is your permanent home? (Please tick as appropriate):

United Kingdom European Union Other Country

How long have you been resident in the EU? **Insert "life" if appropriate** _____ years

Date of first entry to EU (DD/MM/YYYY): / /

Give details of periods of residence outwith the EU

Country	From		To	
	Month	Year	Month	Year

10. FEES

Who is to be responsible for payment of programme fee? *Please tick the appropriate box.*

Erasmus: **1** Other: **2**

If you have ticked 2 please note that fees must normally be paid in full, on or before the commencement date of the programme, unless by special arrangement with the Finance Office.

INFORMATION FOR APPLICANTS

Further information is also available in the undergraduate prospectus and on the University website www.uws.ac.uk

**IMPORTANT NOTE:
PLEASE ENSURE YOU COMPLETE AND RETURN
THIS SECTION OF THE FORM (SECTION 14).
IT WILL BE DETACHED FROM YOUR MAIN APPLICATION
FORM PRIOR TO REFERRAL TO AN ADMISSIONS OFFICER.**

SECTION 1:

We need details of previous names to make sure we do not create new records for a person whose details are already held on our systems. We may need a copy of documentary evidence of a change of name (you will be asked for this if necessary).

If you would like University correspondence to go to an address other than your permanent address please indicate this in the "Correspondence Address" section. This is the address that will appear on any letters and they will be sent to this address.

SECTION 3:

This information helps us to make sure we refer your application to the right person.

SECTION 4:

Information about school and further education qualifications already held enables the University to consider whether or not you meet any entry criteria that might apply. The information may also help to establish entitlement to credit towards the award for which you wish to study. Please note: non-graduating students will not gain an award from the University of the West of Scotland, however, this may be used towards gaining a qualification from your home institution. Please enclose a copy of transfer of prior credit in English. Please enclose certified photocopies of certificates and transcripts. Originals may be required before you enrol. The information about the last educational institution you attended is required by the Higher Education Statistics Agency (HESA).

SECTION 7:

Relevant criminal convictions are those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawful supplying of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. If you enter x in this box we will ask you for further information. If you are applying for courses in teaching, health, social work and courses involving work with children or vulnerable adults you must tell us about any criminal convictions, including spent convictions and cautions (including verbal cautions). The University will send you the appropriate documents to fill in if necessary.

SECTION 8:

This information is asked for in order that the University can contact you to discuss any support needs, or reasonable adjustments that may be required in relation to your disability, during your lifetime of study. You are advised to contact the Enabling Support Team as soon as possible if you need support. For study at the campuses in Paisley, Hamilton and Ayr contact specialneeds@uws.ac.uk or for study in Dumfries contact studentservices-dumfries@uws.ac.uk This information is also required by the Higher Education Statistics Agency (HESA) and to ensure that the University complies with the Special Educational Needs and Disability Act 2001 (SENDA).

SECTION 11:

This information is requested so that we can monitor the effectiveness of publicity campaigns.

SECTION 14: ETHNICITY

The University of the West of Scotland recognises and values the benefits of a multicultural university, and is committed to ensuring that applicants are treated equally irrespective of race, colour, nationality, ethnic or national origins. In order for the University to monitor the impact of policies you are asked to assist by providing details of your ethnic origin. This information will not be available to an academic admissions officer making a decision on your application.

Surname / Family name: _____

First name: _____

Which of the following best describes your ethnic origin?

PLEASE CIRCLE THE APPROPRIATE CODE:

White - British	11
White - Irish	12
White Scottish	13
Irish Traveller	14
Other White background	19
Black or Black British - Caribbean	21
Black or Black British - African	22
Other Black background	29
Asian or Asian British - Indian	31
Asian or Asian British - Pakistani	32
Asian or Asian British - Bangladeshi	33
Chinese	34
Other Asian background	39
Mixed - White and Black Caribbean	41
Mixed - White and Black African	42
Mixed - White and Asian	43
Other Mixed background	49
Other Ethnic background	80
Not known	90

FOR OFFICE USE:

Banner ID number:

Entered (inits and date):

NB: THIS APPLICATION FORM IS AVAILABLE ELECTRONICALLY AND IN OTHER FORMATS IF REQUIRED. SEE WWW.UWS.AC.UK FOR DETAILS

APPLICATION FORM (NOTES)

**Please complete the information request overleaf
and return with your completed application form.**

RETURNING YOUR COMPLETED APPLICATION FORM

Admissions Office (International Applications)

University of the West of Scotland

Paisley Campus

Paisley PA1 2BE

Scotland, UK