

CONCORDIA UNIVERSITY STUDY ABROAD APPLICATION

Office of the Registrar

- EXCHANGE PROGRAM
- THIRD PARTY STUDY ABROAD PROGRAM
- FACULTY LED PROGRAM

Name: _____ Banner ID#: E _____

E-Mail Address: _____ Major: _____

Academic Term/Year: FALL SPRING SUMMER YEAR: _____

Part I. Program

CUI Program: _____

Third Party Company and Program: _____

Faculty Led Program: _____

Part II. Course of Study

Course Number	Course Description	Units	Equivalent CUI Course Number	Applies to Program/Major/Minor

Academic Advisor: _____ Date: ____ / ____ / ____

Comments: _____

Signature: _____ Date: ____ / ____ / ____
(Education: **Debbie Brumfield**: Needed if major/minor is in Education)

Signature: _____ Date: ____ / ____ / ____
(CCI: **Carrie Donohoe**: Needed if major/minor is in Christ College)

Part III. Financial Aid/Student Account Agreement

Students participating in an CUI Programs may use all of their Concordia University financial aid (except work study and performance or sports scholarships), to fund the program. Proof of registration is required prior to the disbursement of any funds.

Financial Aid Signature: _____ Date: ____ / ____ / ____

Part IV. International Department Approval

Global Programs: _____ Date: ____ / ____ / ____

Part V. Student Agreement

I agree to the guidelines for the Study Abroad Program and to its requirements and limitations.

Student Signature: _____ Date: ____ / ____ / ____

STUDENT EMERGENCY CONTACT INFORMATION: (contact in case of an emergency; i.e. parent, family member, friend)

Please fill out back of form completely. We need at least three contacts.

1. _____
Last Name, First Name

Home Phone Number

Cell Phone Number

Email Address

2. _____
Last Name, First Name

Home Phone Number

Cell Phone Number

Email Address

3. _____
Last Name, First Name

Home Phone Number

Cell Phone Number

Email Address

For Use by the Office of Global Programs

Bursar Clearance Judicial Clearance Insurance Coverage Academic Probation Clearance

For Use by the Office of the Registrar

Proof of Registration Copy of Schedule Enrolled Concurrently



PRIFYSGOL CYMRU
Y Drindod Dewi Sant
 UNIVERSITY OF WALES
Trinity Saint David

INTERNATIONAL STUDENT APPLICATION FORM

Please complete this form in **BLACK** ink and **CAPITAL** letters.

Please retain the original copy and return the copy with supporting documents to the International Office, University of Wales Trinity Saint David, College Road, Carmarthen, SA31 3EP, Wales, United Kingdom. Email: international@tsd.ac.uk
 Fax: 01267676766. Further information is available on our website www.trinitysaintdavid.ac.uk/en/international

DEADLINE: Application deadline May 31st for Fall entry, October 31st for Spring Entry

1. PERSONAL DETAILS

Surname/Family Name		Forename(s) (in full)		
Previous Surname/Family Name (if applicable)	Date of Birth DD/Month/YY	Gender M/F	Marital Status	Occupation
Permanent Home Address		Correspondence Address		
Postcode/Zip Code		Postcode/Zip Code		
Telephone No. (including area code)		Telephone No. (including area code)		
Mobile No. (including area code)		Fax No. (including area code)		
Email Address		Email Address		
Passport Number and Expiration Date				
Emergency Contact Details				
Name		Relationship to Applicant		
Daytime Tel (including area code)		Evening Tel (including area code)		
Email Address				
Country of Domicile		Nationality		Ethnic Origin Religion (optional)
Do you have a disability or additional need(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have any medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what is the nature of your disability/medical condition?				
Special needs or support required as a consequence of any of the above:				
Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details including nature of offence				

2. PROPOSED PROGRAMME FOR FULL TIME STUDY	
Full time Undergraduate	
Title of Programme	Proposed Entry (Month and Year)
Full time Postgraduate Taught	
Title of Programme	Proposed Entry (Month and Year)

Please Note: For students applying for BA or MA Creative Writing please include an extract of your writing.

EXCHANGE AND ERASMUS ONLY	
Study Abroad / Exchange (Please name home institution and contact details)	Erasmus (Please name home institution and contact details)
If you are applying through Erasmus, Exchange or Study Abroad, please indicate which semester you will be studying	
Fall Semester September – December <input type="checkbox"/>	Spring Semester January – May <input type="checkbox"/> Full year <input type="checkbox"/>

WHERE DO YOU INTEND TO STUDY?
<input type="checkbox"/> CARMARTHEN CAMPUS <input type="checkbox"/> LAMPETER CAMPUS

3. FINANCE	
Name of individual or organisation who will be providing your funding	Is this definite or proposed? Definite <input type="checkbox"/> Proposed <input type="checkbox"/>
If you are from the USA, do you intend on applying for a Federal Loan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Please note that evidence of financial support or award will be required prior to the enrolment Please refer to the UKBA website for further information on finance if you require a Tier 4 Visa http://www.ukba.homeoffice.gov.uk/</i>	

6. ADDITIONAL INFORMATION – PERSONAL STATEMENT

This personal statement is a chance for you to explain why you are applying for your chosen course, please tell us about any skills, achievements or experiences that you feel will help you on the proposed course.
If this space is not sufficient you may attach additional sheets to your application form.

7. REFERENCES	
Name of 1 st referee:	Name of 2 nd referee:
Relationship:	Relationship:
Post/Occupation:	Post/Occupation:
Name and Address of School/College/Organisation:	Name and Address of School/College/Organisation:
Tel:	Tel:
Fax:	Fax:
Email:	Email:

8. DECLARATION	
I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided.	
Signature of Applicant	Date DD/MM/YY

CHECKLIST
Please ensure all the documents listed below are enclosed. Incomplete applications will NOT be processed:
<input type="checkbox"/> 2 x Passport Photographs <input type="checkbox"/> 2 x Certified copies of academic references <input type="checkbox"/> Copy of examination certificates and / or transcripts <input type="checkbox"/> Copy of IELTS or equivalent (if applicable) <input type="checkbox"/> Copy of passport information page <input type="checkbox"/> For students applying for BA or MA Creative Writing please include an extract of your writing
<i>Please note that you will be required to produce the original documents when applying for Tier 4 (General) Student Visa for traveling to the UK (if applicable).</i>

How did you hear about University of Wales Trinity Saint David:

.....

If you were advised by an agent, please give agency details:

.....

STUDENT NUMBER (For Office Use Only)								
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FOR OFFICE USE ONLY			
SCHOOL DECISION <i>(please tick box)</i>	Accept Conditional <input type="checkbox"/>	Accept Unconditional <input type="checkbox"/>	Reject <i>(please provide reason(s) in comments box below)</i> <input type="checkbox"/>
International Officer DECISION <i>(please tick box)</i>	Accept Conditional <input type="checkbox"/>	Accept Unconditional <input type="checkbox"/>	Reject <i>(please provide reason(s) in comments box below)</i> <input type="checkbox"/>
Date, time and format set for Interview			
Name of Interviewer	Signature of Interviewer	Date DD/MM/YY	
Comments			
Advisory Note from International Officer			
Date Application Received DD/MM/YY		Date Offer Sent DD/MM/YY	
Date Application sent to Programme Co-coordinator DD/MM/YY		Offer Letter Sent by	
Date Application returned to International Officer DD/MM/YY		Date Applicant Responded DD/MM/YY	
Date Application sent to Registry DD/MM/YY		Accepted/Rejected?	



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Trinity Saint David

Academic Reference Form for International Application (Confidential)

Applicant:

Step 1: Complete Section A.

Step 2: Send this form to obtain an academic reference.

Referee:

Step 3: Complete Section B.

Step 4: Return the completed form to International Office, University of Wales Trinity Saint David, Carmarthen, SA31 3EP U.K

Please complete in **BLOCK CAPITALS**.

Section A – APPLICANT

Full Name: _____

Address: _____

Qualification for which you are applying: _____

Title of proposed degree programme: _____

Proposed start date: _____

Section B - REFEREE

The above candidate has applied to the University to pursue study. Please complete this form to enable us to evaluate the candidate's suitability for admission to the above programme. Your reference may take the form of a letter on your institution's headed paper.

All information will be treated in the strictest confidence.

Name of Referee: _____

Position: _____

Address: _____

Email address: _____

Daytime Telephone No:
 (including area code)

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Continued overleaf

Character/Personality Reference:

Suitability for the proposed scheme of study:

If the candidate's first language is not English, please comment on his/her level of competence:

	Written	Excellent	Good	Fair	Poor
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's Signature:

Date:

Please sign and return to International Office, University of Wales Trinity Saint David, Carmarthen, SA31 3EP Wales U.K



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Trinity Saint David

Second Reference Form for International Application (Confidential)

Applicant:

Step 1: Complete Section A.

Step 2: Send this form to your second referee.

Referee:

Step 3: Complete Section B.

Step 4: Return the completed form to Registry, University of Wales Trinity Saint David, Carmarthen, SA31 3EP Wales U.K.

Please complete in **BLOCK CAPITALS**.

Section A – APPLICANT

Full Name: _____

Address: _____

Qualification for which you are applying: _____

Title of proposed degree programme: _____

Proposed start date: _____

Section B - REFEREE

The above candidate has applied to the University to pursue study. Please complete this form to enable us to evaluate the candidate's suitability for admission to the above programme. Your reference may take the form of a letter on your institution's headed paper.

All information will be treated in the strictest confidence.

Name of Referee: _____

Position: _____

Address: _____

Email address: _____

Daytime Telephone No:
 (including area code) _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Continued overleaf

Character/Personality Reference:

Suitability for the proposed scheme of study:

If the candidate's first language is not English, please comment on his/her level of competence:

	Written	Excellent	Good	Fair	Poor
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's Signature:

Date:

Please sign and return to International Office, University of Wales Trinity Saint David, Carmarthen, SA31 3EP Wales U.K



Release and Hold Harmless Agreement/Waiver of Liability Form

I, the undersigned participant, request voluntary participation for myself to participate in the _____ activity on _____ (date) which begins at _____ (time) and ends at _____ (time) Sponsored by Concordia University Irvine all of which are hereafter referred to as the “activity”.

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, an/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from Concordia University Irvine and the officers, employees, and agents of each of them and consent to use of photographs, pictures, slides, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all the risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify Concordia University Irvine and the officers, directors, employees, and agents of each of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against Concordia University Irvine and the officers, directors, employees, and agents of each of them arising out of my participation in the activity and hereby forever release, hold harmless, and discharge Concordia University Irvine and the officers, directors, employees, and agents of each of them from all liability in connection therewith except as such loss or damage which was caused by the sole negligence or willful misconduct of Concordia University Irvine and its officers, directors, employees, representatives and volunteers, and the officers, directors, employees, and agents of each of them.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Concordia University Irvine and the officers, directors, employees and agents of each of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Emergency contact name (print) (Area Code) Phone Number

Participant's Signature Date

Relationship to participant

Participant's Name (Print) (Area Code) Phone Number

List medical/prescription information below:

Address City/state Zip

