



Outgoing Student Exchange Application Form

Please note that students can only participate on an Erasmus placement if they have successfully completed their current study at Cardiff Met.

Please complete this form in BLOCK CAPITALS using BLACK INK

Section 1: Course Details

Course Title at Cardiff Metropolitan University.....

Year of Study

Student Number.....

Country of Interest:.....

Name of chosen Host University (if known).....

Mobility Type: Study Internship

When would you like to start your mobility?

Term 1- September start:

Term 2- January start:

Internship only – Summer placement in July

How long of an exchange were you looking to undertake? (subject to host universities semester dates)

Term 1: September- December (3 months)

Term 2 – January: March – (3 months)

Within Terms 2 and 3: January- June (up to 6 months)

Full Academic Year: September-June (10 months)

Summer placement (Internship): minimum of 2 months during summer break – June to September

Section 4: Declaration and signature (Applications MUST be signed)

I confirm that the information given on this form is true, complete and accurate and no information requested or other information has been omitted. I understand that this application or any subsequent university place offered may be withdrawn by Cardiff Met if in the future the information provided proves to be inaccurate either intentionally or unintentionally.

I hereby confirm that I have successfully completed my previous and current study at Cardiff Metropolitan University

I am currently enrolled as a full time student at Cardiff Metropolitan University

If you are an International student on a Tier 4 Student Visa please tick here

Please note that International Students are to contact the International and Partnerships Office for further immigration advice.

By signing this form I also give my permission to Cardiff Met to verify any information contained in this application with the institution, relevant awarding body or referees provided. I have read the above statements (please tick)

Signature of applicant:

Date:

Print name (in Capitals):

Section 5: School Approval

The Programme Director/Head of Department must approve the application prior to the International and Partnerships Office processing the mobility.

Name of the School representative.....

Position.....

Signature.....

Date.....

Please return this completed form to:

email: erasmus@cardiffmet.ac.uk

By Post:

Rowena Walters

Erasmus+

International and Partnerships Office,

Cardiff Metropolitan University,

200 Western Avenue, Cardiff, CF5 2YB, UK

For further information please visit:

www.cardiffmet.ac.uk/international/erasmus