Erasmus and Exchanges Application

1 Personal details

Title: Ms / Miss / Mrs / Mr ……...…….Sex: M / F……

First name……

Surname……

Nationality……..Date of birth……

Correspondence address.....

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……

Telephone number…….Fax number…….

Email address……

2 Home Institution

Name of institution……

Institutional Code (where appropriate)……Year of Study……

Name of Exchange Co-ordinator……...

Address……

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……..

Country……..

Telephone number……Fax number……..

Email address……

3 Details of the modules you wish to study

Module code	Module title	Semester
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4 Physical or other disability or medical condition

Do you have any medical condition or physical disability ?.....
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5 Further Information

Please write a few lines to tell us about yourself and your reason for wanting to study at the University of Bedfordshire.

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6 Student's declaration

I confirm to the best of my knowledge that the information given is correct and complete (and in the case of Erasmus programme I declare that I am eligible to take part)

Student's signature……Date…….

7 Co-ordinator's declaration

I confirm to the best of my knowledge that the information given is correct and complete

Co-ordinator's signature……Date…….

Official stamp of your institution

Please return the completed form to:

Exchange Office
University of Bedfordshire

Park Square
Luton, Bedfordshire
LU1 3JU
England

F +44 (0) 1582 743924
exchanges@beds.ac.uk
www.beds.ac.uk