

## **Non-Graduating / Visiting Student Application Form**

Field of Study –						Please attach photograp
Academic Year						here
Personal Details (Please complete in BLC	OCK CAPITAL	.S)				
Title (Mr/Mrs/Miss/Ms)	First Name	e(s)			Surname / Fa	amily Name
Date of Birth		Sex (Male / Female	le)	Marital	Status (Marrie	d/Single/Divorced)
Nationality		Country of Birth		Country	y of Permanent	Residence
Address for Corresponde (Please complete in BLC		0)	Home A	Address (if	different) in BLOCK CAF	WTALO)
Tel:			Tel:			
Fax:			Fax:			
Email Address:			Email A	ddress:		
Academic Details						
Home Institution (full name	ne and addre	ss)	Name a	and Departr	ment of Acader	nic Contact
Language Compet	ence					
What is your mother tong						
What is the language of instruction at your Home Institution?						

 Language Competence (Contd)

 Other Languages
 I am currently studying this language
 I have sufficient knowledge of this language to follow lectures

5 5	, , , , ,		language to follow lectures	
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No

Previous and Current Study			
Diploma / Degree for which you are currently studying?			
Number of years in Higher Education prior to departure abroad?			
Please give dates of any previous study abroad	From:	To:	
Name of Institution where you studied abroad?			

**Work Experience Related to Current Study (if relevant)** 

Type of work	Company/Organisation	From	To	Country

Please attach a transcript of records giving full details of previous and current higher educational study. Any details not known at the time of application must be provided at a later date.

**Details of Proposed Study Programme at Heriot-Watt University** 

Please state proposed duration of stay at Heriot-Watt University Subj	eject area of study			
From: To:				

Please detail modules you wish to study*	Code Number	Term (1, 2 or 3)

(\*Students may take a maximum of 4 modules per term or 12 modules per year)

Briefly state the reasons why you wish to study abroad?
If you are not studying at Heriot-Watt University as part of a formal exchange programme, how will you finance your
period of study?
Special Needs
Please give details of any disability, special needs or medical condition. (If none, please write 'NONE')
I confirm that the information given on this form, is to the best of my knowledge, complete and correct.
Signature :
Date :

Please return completed application form to:

Mrs P S McLean Admissions Officer Heriot-Watt University, Riccarton, Edinburgh EH14 4AS, UK

Tel: +44 131 451 3377 Fax: +44 131 451 3630 Email: P.S.McLean@hw.ac.uk