



Application for Admission to the Semester/Year Abroad Programme

Full Name _____

COURSE TITLE (Please select the course to which you are applying)

Single Semester Abroad

Full Year Abroad

Home Institution (Please identify your home institution, and the course of study for which you are registered at that home institution)

Home Institution _____

Course of Study _____

Study Abroad
Coordinator or
Programme Advisor:

Study Abroad
Coordinatory or
Programme Advisor's
Email: _____

PROPOSED DATE OF ENTRY*

Month: _____

Year: _____

*Note: Enrolment for this programme may take place in September or January.

PERSONAL INFORMATION

TITLE: _____

FAMILY NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH:

NATIONALITY

**COUNTRY OF
RESIDENCE DURING
THE PAST YEAR**

MARITAL STATUS

SINGLE

MARRIED

OTHER

**SPOUSE'S NAME (if
applicable)**

**NAMES AND AGES OF
CHILDREN, IF ANY**

HOME ADDRESS:

STREET:

CITY:

**COUNTY/STATE/PROV
INCE**

POSTCODE:

E-MAIL

PHONE NUMBER:

**RELIGIOUS
AFFILIATION:**

**HOME CHURCH or
PARISH**

**MINISTERIAL STATUS
(IF APPLICABLE)**

**Are you applying to live
in the College Residence
halls?**

YES

NO

FINANCIAL INFORMATION

**What financial
arrangements have you
made to meet the fees for
the course?**

Specify what financial obligations you will have apart from your fees while in College:

MEDICAL INFORMATION

Do you have any physical, mental or emotional disability which might adversely affect the successful completion of your course of study?

YES
NO

If "Yes", please specify:

Do you have a Specific Learning Difficulty (such as dyslexia)?

YES
NO

If "Yes", has it been clinically diagnosed?

YES
NO

EDUCATIONAL BACKGROUND

* NOTE: Semester/Year abroad students should supply an academic transcript or course audit from their home institution. This may be emailed directly to the NTC Study Abroad Coordinator, jwood@nazarene.ac.uk

1. Higher Education and Vocational Training and Qualifications obtained (include all degrees, diplomas, and technical qualifications):

List your previous schools, beginning with the most recent.

NAME:

LOCATION:

FIRST ATTENDED:

LAST ATTENDED:

Qualification/Subject/
Level/Validating
Body/Date

NAME:

Employed from:

Employed to:

RELEVANT VOLUNTARY EXPERIENCE

(Please list Nature of Experience/Name of Organisation/Dates of Experience):

1.

2.

3.

POLICE RECORD CHECK

1. Do you have a criminal record or have you ever been cautioned by the police?

Yes

No

If yes, please specify:

2. Have you in any way had dealings with the police in regard to issues relating to offences against children or young people?

Yes

No

If yes, please specify:

PERSONAL STATEMENT

Please provide a "personal statement" (max 250 words) in the box below indicating why you are interested in studying abroad at NTC.

Personal Statement:

REFERENCES

Please supply the name and contact details of **ONE academic referee** able to comment on your suitability for this programme. This referee should be a member of the academic staff from your home institution willing to support your application. When your application is received, NTC will contact your referee with the appropriate forms to submit.

Referee Contact Details

Name:

Address:

E-mail:

APPLICATION FEE

* An application fee of £30 must be paid before the application is processed

DECLARATION

I certify that the above information is correct to the best of my knowledge.

Name of Applicant

Date