

PART A: to be completed by the applicant

(Please, type or complete in BLACK INK using BLOCK CAPITALS)

Title:	Forename(s):		Surname:
Date of Birth:	Gender:		Nationality:
Country of Birth:		Domicile Country	<i>t</i> :
SECTION 2: CONTACT DETAILS			
Permanent Address:		Correspondence A	Address (if different):
Email:		Email:	
Phone No:		Phone No:	
SECTION 3: VISIT DETAILS Start Date	1 October 1 January 1 April 1 July		
Length of visit (maximum of 12 months)	T outy		
Visit End Date (dd/mm/yyyy)			
SECTION 4: SUPPORTING INFO	- 	Long to make a suitter	
Do you have a physical, sensor or dyslexia? If yes, we encourage	ge you to share further inform	nation here with us so we ca	an plan to support you:

Current Study Diploma/Degree Level (e.g. PhD): Diploma/Degree Subject (e.g. Materials Engineering): Current Year of Study (e.g. 3): End Date of Study (dd/mm/yyyy):

Previous Study

Highest Attained Qualification Level (e.g. BEng):
Highest Attained Qualification Subject(s):
Date of Attainment (dd/mm/yyyy):

English Language Qualifications (for visits of 6-12 months)

For visa purposes, an appropriate English language qualification is required for all non-UK nationals. A list of acceptable English language qualifications can be found at: English language requirements | International | Loughborough University (Iboro.ac.uk)

Name of Qualification (e.g. IELTS):	
Date of Test (dd/mm/yyyy):	
Score(s) Obtained:	

SECTION 6: EVIDENCE

Please ensure that you have provided evidence of the following:

All Applicants

Photocopy of passport photo page	
Letter/transcript confirming current registration on a doctoral programme	
Evidence of highest qualification attained (e.g. certificate)	

Applicants visiting for 6-12 months

2 academic references or contact details for your referees (at least one should be from your current doctoral	
programme)	
Evidence of English Language qualification (e.g. Certificate) if already achieved	

SECTION 7: APPLICANT DECLARATION

I hereby apply for admissions as a Visiting Research Student at Loughborough University and confirm that the information I have provided on this application is complete and accurate:

PART B: To be completed by the Loughborough University School/Department

Please note that the application will not be processed without full completion of this page

Department Name:			Programme	Code):		
Programme Title:							
SECTION 9: TUITION FEES							
Tuition Fees Due: Y N		Amount: £	Account	Coc	de:		
Tultion Fees Due. 1 N		7	71000				
SECTION 10: OTHER INFORMA	TION						
Does the student require an certificate?	<u>ATAS</u>	Yes			No		
If yes provide ATAS stateme	nt:						
Have references been verifie School/Department?	d by the	Yes			No		
оспоот в сранители:		<u> </u>					
Are visit dates above correct?	Yes			No			
If no confirm new visit dates:							
Start Date	1 Octobe 1 Januar 1 April 1 July						
Length of visit (maximum of 12 months)							
Visit End Date (dd/mm/yyyy)							
For visits less than 6 mont We confirm that the visiting research that is directly relev student will not be employed	esearch si ant to thei	ir current doctoral s				Yes	No

SECTION 11: DEPARTMENTAL AUTHORISATION Contact

details for application queries:

Departmental Administrator:
Email:
Proposed Supervisor:
Email:

Please admit this student as a Visiting Research Student of the University. I confirm that the programme and tuition fee details are correct:

School/Department approval (ADR&I or delegate)
Associate Dean Research and Innovation (Print name):
Associate Dean Research and Innovation (Signature): Date:

Once signed, this form should be sent to the Doctoral College Office by email to $\underline{Dco1}$ -school@lboro.ac.uk