

## Application for Admission as a Visiting Research Student

### PART A: to be completed by the applicant

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

### SECTION 1: PERSONAL DETAILS

Title:	Forename(s):	Surname:
Date of Birth:	Gender:	Nationality:
Country of Birth:	Domicile Country:	

### SECTION 2: CONTACT DETAILS

Permanent Address:	Correspondence Address (if different):
Email:	Email:
Phone No:	Phone No:

### SECTION 3: VISIT DETAILS

Start Date	1 April 2026	1 February 2027
	1 July 2026	1 July 2027
	1 October 2026	
Length of visit (maximum of 12 months)		
Visit End Date (dd/mm/yyyy)		

### SECTION 4: SUPPORTING INFORMATION

Do you have a physical, sensory or mental health disability, long term health condition or neurodiversity? If yes, we encourage you to share further information here with us so we can plan to support you:	

## SECTION 5: QUALIFICATION DETAILS

### Current Study

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

### Previous Study

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

### 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 \(lboro.ac.uk\)](https://www.lboro.ac.uk/international/english-language-requirements/)

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

## SECTION 6: EVIDENCE

**Please ensure that you have provided evidence of the following:**

### All Applicants

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

### Applicants visiting for 6-12 months

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

## 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:*

<b>Signed:</b>	<b>Date:</b>
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**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**

**SECTION 8: PROGRAMME DETAILS**

<b>Department Name:</b>	<b>Programme Code:</b>
<b>Programme Title:</b>	

**SECTION 9: BENCH FEES**

<b>Bench Fees Due:</b> Y      N	<b>Amount:</b> £	<b>Account Code:</b>
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**SECTION 10: OTHER INFORMATION**

<i>Does the student require an <a href="#">ATAS</a> certificate?</i>	Yes	No
<i>If yes provide ATAS statement:</i>		

<i>Have references been verified by the School/Department?</i>	Yes	No
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<i>Are visit dates above correct?</i>	Yes	No
<i>If no confirm new visit dates:</i>		
<i>Start Date</i>	1 April 2026	1 February 2027
	1 July 2026	1 July 2027
	1 October 2026	
<i>Length of visit (maximum of 12 months)</i>		
<i>Visit End Date (dd/mm/yyyy)</i>		

<b>For visits less than 6 months:</b> <i>We confirm that the visiting research student is coming to the University to undertake research that is directly relevant to their current doctoral study. The visiting research student will not be employed by the University.</i>	Yes	No
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**SECTION 11: DEPARTMENTAL AUTHORISATION** *Contact*

*details for application queries:*

<b>Departmental Administrator:</b>
<b>Email:</b>
<b>Proposed Supervisor:</b>
<b>Email:</b>

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

<b>School/Department approval (ADR&amp;I or delegate)</b>
<b>Associate Dean Research and Innovation (Print name):</b>
<b>Associate Dean Research and Innovation (Signature):</b> <input type="text"/> <b>Date:</b> <input type="text"/>

*Once signed, this form should be sent to the Doctoral College Office by email to [Dco1-school@lboro.ac.uk](mailto:Dco1-school@lboro.ac.uk)*