

PART A: to be completed by the applicant

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

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Title:	Forename(s):		Surname:
Date of Birth:	Gender:		Nationality:
Country of Birth:		Domicile Country	<u>/:</u>
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)			
Visit End Date (dd/mm/yyyy)			
SECTION 4: SUPPORTING INFO	DRMATION		
Do you have a physical, sensor we encourage you to share furth	y o <i>r mental health disability,</i> per information here with us s	long term health condition on we can plan to support yo	or neurodiversity? If yes, ou:

# 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: <a href="mailto:English language requirements">English language requirements</a> | 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

	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

research that is directly relevant to their current doctoral study. The visiting research

student will not be employed by the University.

Department Name:		Programme Code:				
Programme Title:						
SECTION 9: BENCH FEES						
Bench Fees Due: Y	N	Amount: £	Account	Code:		
SECTION 10: OTHER INFOR	RMATION					
Does the student require certificate?	an <u>ATAS</u>	Yes		No		
If yes provide ATAS state	ement:					
Have references been ve	rified by the	Yes		No		
Have references been ve School/Department?	rified by the	Yes		No		
School/Department?	rified by the	Yes		No		
School/Department?  Are visit dates above	rified by the	Yes		No No		
School/Department?	Yes	Yes				
School/Department?  Are visit dates above correct?	Yes					
Are visit dates above correct?  If no confirm new visit dates	Yes tes:	er				
Are visit dates above correct?  If no confirm new visit dates	Yes tes:	er				
Are visit dates above correct?  If no confirm new visit dates	Yes tes: 1 Octobe 1 Januar	er				
School/Department?  Are visit dates above correct?  If no confirm new visit dates Start Date	Yes tes: 1 Octobe 1 Januar 1 April 1 July	er				
School/Department?  Are visit dates above correct?  If no confirm new visit dates start Date  Length of visit (maximum of 12 months)	Yes tes: 1 Octobe 1 Januar 1 April 1 July	er				
School/Department?  Are visit dates above correct? If no confirm new visit dates Start Date  Length of visit (maximum)	Yes tes: 1 Octobe 1 Januar 1 April 1 July	er				

### **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 bench 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