



**LIVERPOOL
HOPE
UNIVERSITY**

Est. 1844

LIVERPOOL HOPE UNIVERSITY

STUDY ABROAD PROGRAM APPLICATION

Please read the **GUIDANCE NOTES** before completing the form

Please complete this form in **BLOCK LETTERS**

Section 1: Home University & Proposed Length of Study

Name and address of Home University:

Please tick one:

Full Year	First Semester	Second Semester
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Section 2a: Personal Details

First Name	Middle or other names	Last Name	Marital Status
Date of birth	Nationality	Country of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Your Home Address Street: Town/city: State: Country: Postcode/zip code:		Your contact details Home telephone: Mobile: Email address:	
Your Passport Number:			
Study Abroad Advisor Name and Address Name: University Department: Address (if different to above): Office telephone: Email address:		Results/Transcript Please confirm if this Study Abroad Advisor is the person to whom we should send your Liverpool Hope results/transcript: YES / NO If 'NO' please supply the correct person: Name: Email address:	

Name	Relationship to you
Address of Next of Kin	Next of Kin contact details
Street:	Home telephone:
Town/city:	Mobile:
State:	Email address:
Country:	
Postcode/zip code:	

Section 2b: Next of Kin

Section 3: Disability declaration

We need to know about any disability, learning support or medical condition you may have so that we can arrange appropriate support for you, if required. Please tell us about anything that is relevant, even if you do not need much support. Our Learning Support team will contact you by email to discuss your requirements.

Please tick anything from the list below that applies to you:

- Social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- Serious visual impairment
- Serious hearing impairment
- Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease)
- Epilepsy
- Mental health condition (such as depression, schizophrenia or anxiety disorder)
- Occasional episodes of anxiety or panic attacks
- Specific learning difficulty (such as dyslexia, dyspraxia or AD(H)D)
- Physical impairment or mobility issue (such as difficulty using your arms, using a wheelchair or crutches)
- A disability, impairment or medical condition not listed above

If you wish to provide further information please do so here:

Section 4: Academic Results

Current University Name	Start Date (Month/Year)	Expected graduation date	Current GPA

Please list any previous universities attended, if applicable	Start Date (Month/Year)	Expected graduation date	Current GPA

Section 5: English Language Qualification(s)

<p>Is English your first/native language? YES / NO</p> <p>If YES, go straight to Section 6. If NO, please continue to complete this section</p>			
<p>What is your first language?</p>			
<p>Have you taken an English Language Test? YES / NO</p> <p>If YES, please provide details below:</p>			
Name of Test		Overall Score	Date taken
Reading Score	Writing Score	Listening Score	Speaking Score

If you plan to take an English Language Test later this year, please provide details below:

Name of test	Predicted score	Date to be taken
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Have you studied at school, college or University, in the medium of English? YES / NO

If YES, please supply the number of years you studied in English:

During this time, please supply the average number of hours per week you studied in English:

Have you been examined in English? YES / NO

If your academic qualifications are a result of you having been taught and assessed in English, we will require a letter from the awarding Institution to verify this. **Please include the letter with your application.** Letters must be on the Institution's headed paper and be stamped with the Institution's official stamp.

Section 6: Checklist and Declaration

DECLARATION

The details in this form are, to the best of my knowledge, correct. If I am accepted for the Study Abroad Program, I hereby agree:

- ✓ to comply with the rules and regulations of the institution where the courses will be studied
- ✓ to comply with the Statutes, Ordinances, Regulations and By-Laws of Liverpool Hope University for the time being in force, including Health, Safety and Disciplinary Regulations
- ✓ to arrange for the Study Abroad Package fee to be paid in advance of my arrival

Where applicable I enclose the following documents with this application (please tick as appropriate)

- Copy of your passport photo page
- Current undergraduate degree transcript
- English language proficiency certificate (if required)
- Letter to confirm you have been taught and assessed in English (if English is not your first language)
- Academic reference (if you are applying independently and have not been nominated by a partner university)

Student Signature

Date

Study Abroad Advisor's Signature

(not required if an independent application)

Date

Study Abroad Advisor's Name (print)

Section 7: Submit your application

By email:

As signatures are required, the completed and signed form should be printed, scanned and sent with any supporting documentation to internationalhub@hope.ac.uk

or

By post:

The completed form and any supporting documents should be sent by 'signed for' post to:

International Hub
Liverpool Hope University
Hope Park
Taggart Avenue
Liverpool L16 9JD

UK