

PART A: to be completed by the applicant

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

SECTION 1:	PERSONAL	. DETAILS
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Title:	Forename(s):		Surname:
Date of Birth:	Gender:		Nationality:
Country of Birth:		Domicile Country:	
SECTION 2: CONTACT DETAILS			
Permanent Address:		Correspondence A	ddress (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 Do you have a physical, sensor		a term health condition o	r neurodiversity? If yes
we encourage you to share furth	er information here with us so w	re can plan to support you	u:

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

	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

SECTION 8: PROGRAMME DETAILS	
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Department Name:			Programme 0	Code) :		
Programme Title:							
SECTION 9: TUITION FEES							
SECTION 5: TOTTION FEES							
Tuition Fees Due: Y N		Amount: £	Account	Coc	le:		
		<u>. </u>					
SECTION 10: OTHER INFORM	ATION						
Does the student require ar	ATAS	Yes			No		
certificate?		1 00			' '		
If yes provide ATAS statem	ent:						
Have references been verif	ied by the	Yes			No		
School/Department?							
Are visit dates above	V						
correct?	Yes			No			
If no confirm new visit dates	s:		•				
Start Date	1 Octob	0°					
Start Date	1 Janua						
		ı y					
	1 April						
	1 July						
Length of visit (maximum							
of 12 months)							
Visit End Date							
(dd/mm/yyyy)							
For visits less than 6 mor	nthe:						
We confirm that the visiting		tudent is comina to t	he University to	und	ertake	Yes	No
research that is directly rele						103	140
student will not be employe							

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