



Attach one recent passport photograph of yourself.

REGISTRATION SEMESTER ABROAD PROGRAM (FOR VISITING STUDENT)

Application Form

*Please write clearly in Capital letters.

Application Number [grid] For Official Use only

Learning Objective / Courses to be taken

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

SECTION A: PERSONAL DATA

First Name: _____ Family Name(Last Name / Surname): _____

Date of Birth: _____ Gender: Male [] Female []
(dd/mm/yyyy)

Passport Number: _____ Expiry Date: _____ Nationality: _____
(Photocopy of your current passport to be enclosed) (dd/mm/yyyy)

Address (For correspondence regarding this application) _____

Street: _____

City: _____ State: _____

Country: _____ Postcode: _____ Telephone: _____
(Countrycode +Number)

MobilePhone: _____ Email: _____

B. Please provide details of your Home University education in the space below.

SECTION B: HOME INSTITUTION

Name of Institution _____

Address of Institution _____

Degree for which you are currently registered _____

Faculty/Department _____

Year of study at the time of application 2nd Year 3rd Year 4th Year

Grades or Cumulative Grade Point Average (CGPA) ## _____

Student Mobility Coordinators (Home University)

Name : _____

Address : _____

Tel : _____

(Country code + Number)

E-mail : _____

Academic Requirements

*Applicants must normally have completed at least one year of university study at the time of participation in SRM- Semester Abroad Program

* Please enclose certified copies of your academic transcripts.