

## Application form for the Socrates-Erasmus exchange programme

Please print the form out to complete and write clearly in black ink using BLOCK CAPITALS.  
Please ensure all sections of the form are completed.

<b>SECTION 1 : PERSONAL DETAILS</b>			
Title (Mr/Ms etc):	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname/family name:			
Given name:			
Date of birth (day / month / year):			
Country of birth:		Nationality:	
Address for correspondence:			
Country:			
Telephone number (day):		(evening):	
Fax number (if any):		email (if any):	
<b>SECTION 2 : HOME UNIVERSITY</b>			
Name of home university:			
Full title of your degree:			
Month you would like to commence studies at Leeds Met:			
<b>SECTION 3 : AUTHORISATION</b>			
The student named above is authorised to attend a study placement at Leeds Metropolitan University within the area specified in Section 2.			
Signature of Course Leader at home University:			
Name (print):		Date:	
Signature of Socrates Co-ordinator at home University:			
Name (print):		Date:	
<b>SECTION 4 : DECLARATION</b>			
I confirm that, to the best of my knowledge, the information given in this form is correct and complete.			
Applicant's signature:		Date:	
<b>Please return this form to:</b> Gill Porter (Socrates-Erasmus) Office for International Programmes Leeds Metropolitan University Macaulay Hall Headingley Campus, Beckett Park Leeds LS6 3QS Fax: +44 113 283 1776 Tel: +44 113 283 6110 or +44 113 283 7440 Email: g.porter@leedsmet.ac.uk			