**Erasmus & Study Abroad**

**Expression of Interest Form for Nomination**

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| I wish to apply for an outgoing exchange inAcademic Year 20\_\_\_\_ / 20\_\_\_\_ |
| □ Erasmus (European) Exchange□ International Exchange |
| Duration of stay for Study Exchange (please tick) |
| □ Semester 1 | □ Semester 2 |
| **Section 1 – Personal Details** |
| Surname |  |
| First name |  |
| Date of birth |  |
| Nationality |  |
| Student number |  |
| Falmouth University email |  |
| Personal email address |  |
| Full degree title |  |
| Term time address |  |
| Home address |  |
| Contact telephone number(s) |  |
| **Section 2 – Next of Kin/Emergency Contact Details** |
| Name |  |
| Relationship to you |  |
| Contact telephone number(s) |  |
| Contact email address |  |
| Contact address |  |
| In the event of an emergency while I am overseas I confirm that I give my permission for the Erasmus & Study Abroad team or another university official to contact my next of kin / emergency contact: |
| Signed |  |
| Dated |  |

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| **Section 3 – Your Exchange Institution(s)** |
| It’s **my responsibility** as a student to research the proposed institutions and provide my academic contact at Falmouth with adequate information regarding the course, modules and credits I intend to complete during my exchange. Please note that some universities are more competitive than others. You will only be allowed to apply to ONE of the institutions listed in the “Very Competitive” category (please ask Erasmus & Study Abroad office for a list of partners). Your second and third choice of university should be from the categories marked “Competitive” or “Less Competitive.” |
|  | Name of Institution | Country | Semester |
| First choice |  |  |  |
| Second choice |  |  |  |
| Third choice |  |  |  |
| **Section 4 – Signatures** |
| **By signing this form, you give consent for information about your proposed exchange visit, including the information on this form, to be shared with staff in your academic department, the Erasmus & Study Abroad team, Student Services and with the exchange host university or universities specified in section 3 above.** **Please note that legislation regarding sharing of personal data varies from country to country and this information may not be protected by host universities in the same way as in the UK.** |
| □ I wish to apply for the Falmouth University Erasmus & Study Abroad programme. I have read and understood the information above. |
| I confirm that I have submitted the Falmouth University Erasmus & Study Abroad programme health declaration form to accessibility services (the health declaration form can be obtained by emailing student services StudentServices@fxplus.ac.uk). I have ensured that the information provided is true and complete to the best of my knowledge and belief. □ Yes□ No |
| □ I acknowledge that I am responsible for any costs incurred by me and for ensuring that the university is properly informed of my programme and results. |
| □ I am aware that it is my responsibility to ensure that I fulfil the minimum credit requirements whilst away and that the results of my Erasmus & Study Abroad programme can affect my entry to my final year at Falmouth University.  |
| Name: | Signature: | Date: |

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| **Students: please contact the appropriate lecturer on your course and ensure that this section below is filled out and signed**  |
| **Faculty Approval**  |
| When a student approaches you with a proposal to undertake an exchange, please review the following:1. academic standing/attendance pattern of the student in their current Falmouth programme
2. information provided to me by the student regarding the proposed study plan at the partner university (course/modules/credits/level)
3. any special recommendations from Students Services (please contact studentservices@falmouth.ac.uk 01326255341 (ext. 5341)
* (If no previous contact with the student, it might be beneficial to contact a personal tutor to discuss the student’s past performance)
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| **I support the exchange nomination of (student’s name):****To the following institutions:**□ **All** institutions as listed above by the student.□ **Only a selection** of the institutions suggested by the student (please specify which institutions):□ After reviewing all factors stated above, I’m **unable** tosupport the exchange nomination to any of the proposed institutions at this time |
| Approval is granted on the basis that the student is expected to pass all Falmouth modules before leaving for studies. |
| Name: | Title: | Date: |
| Signature: |
| **This form is an Expression of Interest for Nomination only and NOT the same as a formal application to one of our partner institutions**. Each partner university has its own application process and deadline that students will need to follow upon completion of this expression of interest form. Please ask the Erasmus & Study Abroad team if you need help locating the “how to apply for an exchange” page on a partner university’s website. Falmouth University cannot guarantee that exchange applications will be accepted by a partner university. |

 **After both parties have signed, please return your completed Expression of Interest for Nomination form via email/post to:**
Jenny GramnesErasmus & Study Abroad CoordinatorEmail: erasmus@falmouth.ac.uk
Phone: 01326 259375 Falmouth Campus, Woodlane, Falmouth, Cornwall TR11 4RH