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**ERASMUS EXCHANGE REQUEST FORM 2014 / 15**

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| **Deadlines: end of March for Autumn term**  **end of October for Spring term** |

PERSONAL DETAILS:

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| --- | --- |
| Name: | Male/Female |
| Date of Birth: | Age: |
| Course of Study: | Year of Study: |
| Nationality: | |

|  |  |
| --- | --- |
| TERM-TIME ADDRESS: |  |
|  |  |
| TEL NO: |  |

|  |  |
| --- | --- |
| E-MAIL ADDRESS: |  |

|  |  |
| --- | --- |
| HOME ADDRESS: |  |
|  |  |
| TEL NO: |  |

|  |  |
| --- | --- |
| EXCHANGE INSTITUTION REQUESTED: |  |
|  |  |
| LANGUAGE SKILLS: |  |

|  |  |  |
| --- | --- | --- |
| Exchange dates requested:  *(must be a minimum of 3 months or 1 term)* | From: | To: |

During my exchange I wish to achieve the following:

Statement of Support for Application

|  |  |
| --- | --- |
| Course Leader Signature: | Date: |

This form is to be completed by the student and must be signed by the Course Leader

Submit this form to: Anthony Bednall, Erasmus Co-ordinator

Tel No: 01202 363701

**Data Protection Act 1998**

**The Arts University Bournemouth**

The Data Controller for the Arts University is the Director of Academic Services Jon Renyard**.** The nominated data protection representative for Erasmus is **Anthony Bednall**. The data which you enter on this form will be processed only for the purpose for which you gave the information. It will not be passed to third parties or disclosed to others unless for relevant and legitimate purposes e.g. to Examination Boards. It will be processed in accordance with your rights. You have a right to see a copy of the data held about you, unless there are legitimate purposes for the University College to withhold the data. In this case you will be notified in writing.

I have read and understood the above statements.

|  |  |
| --- | --- |
| Signed: | Date: |