



## ADMISSION FORM FOR VISITING & EXCHANGE STUDENTS (AMERICAN STUDIES)

NB. Please print your answers in CAPITALS using black ink/ballpoint pen

Last (Family) name:	First name(s):	Gender (Male or Female):	Marital Status (Married or Single):
Date of Birth (day:month:year):		Nationality:	
Home Address:			
E-mail Address:			
Home Telephone No. (including code):		Fax No. (including code):	
Name of Home University (or equivalent institution):			
<p>Disability/Special Needs: Please enter in the box, the code from the list of statements below which is most appropriate to you, and expand upon any needs you may have in the space provided</p> <p>0 You do not have a disability nor are you aware of any associated additional support requirement in study or accommodation</p> <p>1 You have dyslexia</p> <p>2 You are blind/are partially sighted</p> <p>3 You are deaf/hard of hearing</p> <p>4 You are a wheelchair user/have mobility difficulties</p> <p>5 You need personal care support</p> <p>6 You have mental health difficulties</p> <p>7 You have an unseen disability, e.g. diabetes, epilepsy, asthma</p> <p>8 You have two or more of the above disabilities/special needs</p> <p>9 You have a disability not listed above</p> <div style="text-align: right; margin-top: 20px;"> <p>Further details of special needs:</p> <p>.....</p> <p>.....</p> <p>..... (please turn over)</p> </div>			
<p><b>For completion by Departmental Exchange Co-ordinator at Swansea:</b></p> <p>Please check that all sections of the form have been completed correctly before signing this section and sending it to the Admissions Office:</p> <p><b>ADMITTING DEPARTMENT</b> <span style="border: 1px solid black; padding: 2px 20px;">AMERICAN STUDIES</span></p> <p><b>DEPARTMENTAL EXCHANGE CO-ORDINATOR:</b></p> <p><b>NAME (CAPITALS)</b> <span style="border: 1px solid black; padding: 2px 20px;">EMMA FREARSON</span> <b>SIGNATURE</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></p> <p><b>STUDENT NUMBER OF OUTGOING SWANSEA STUDENT</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p>			
<p>For Admissions Office use only:</p> <p>Date record created <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> Initials <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> Student No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></p>			

Please tick one of the following boxes to indicate under which scheme you will study at Swansea (check first with your University if you are not sure of the type of scheme):

Semester/JYA	
Exchange	

Course start date in Swansea: Day  Month  Year

Course finish date in Swansea: Day  Month  Year

*(Please refer to notes for completion of this section)*

Using the University's Academic Handbook and Catalogue of Modules (<http://adminwww.swan.ac.uk/catalogue/>), please list below, *in order of preference* **and** in accordance with your home university's academic requirements, the modules you would like to pursue (up to a total of 120 credits):

	Name of Module	Module Code
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

In case it is not possible for you to take all the modules listed above please give a further 3 alternatives:

	Name of Module	Module Code
1		
2		
3		

**Please complete the Accommodation Form attached.**

# INCOMING VISITING & EXCHANGE STUDENTS

## INSTRUCTIONS FOR COMPLETION OF ADMISSION FORM

Please complete all sections of the form in **CAPITALS**. Missing or unreadable information may cause a delay in the processing of your form and allocation of accommodation.

### **ADMISSION FORM**

#### **DISABILITY/SPECIAL NEEDS:**

*Do not leave this section blank.* Please use a number from the list printed alongside. If you have no disability please write 0 in the box.

#### **COURSE START/FINISH DATE:**

Please refer to American Studies Academic Calendar at [www.swan.ac.uk/sao](http://www.swan.ac.uk/sao).

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**STUDENTS APPLYING FOR THE FALL SEMESTER OR AUTUMN TERM MUST RETURN THEIR FORMS TO THE DEPARTMENTAL CO-ORDINATOR AT SWANSEA, AT THE ADDRESS BELOW, BY NO LATER THAN 30th JUNE.**

**STUDENTS APPLYING FOR THE SPRING SEMESTER OR SPRING & SUMMER TERMS MUST RETURN THEIR FORMS TO THE DEPARTMENTAL CO-ORDINATOR AT SWANSEA, AT THE ADDRESS BELOW, BY NO LATER THAN 1st NOVEMBER.**

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**PLEASE KEEP THIS INSTRUCTION SHEET IN A SAFE PLACE.**

#### **Your Co-ordinator at Swansea is:**

Ms Emma Frearson  
American Studies Exchange Office  
University of Wales Swansea  
Singleton Park  
Swansea SA2 8PP  
UK

E-mail: [e.frearson@swan.ac.uk](mailto:e.frearson@swan.ac.uk)

Fax:

44.1792.295719

# ACCOMMODATION FORM

## VISITING & EXCHANGE STUDENTS

<b>Last (Family) Name:</b>		<b>First Names:</b>	
<b>Gender (Male/Female):</b>		<b>Marital Status (Married or Single):</b>	
<b>Date of Birth:</b>	<b>Nationality:</b>	<b>Name of Home Institution:</b>	
<b>Name of Exchange Co-ordinator in Swansea:</b> Emma Frearson		<b>Department: American Studies Exchange Office</b>	
<b>Home Address:</b>			
<b>Home Telephone No (Incl Code):</b>			
<b>Fax No: (Incl Code):</b>		<b>E-mail Address:</b>	
<b>Course start date in Swansea -</b>	<b>Day:</b>	<b>Month:</b>	<b>Year:</b>
<b>Course Finish date in Swansea -</b>	<b>Day:</b>	<b>Month:</b>	<b>Year:</b>
<b>Expected Arrival Date:</b>			

**Which kind of accommodation would you prefer? (Please refer to the sheet 'Essential information for Visiting & Exchange Students')**

**Please list your choice in order of preference by writing 1, 2, 3 etc. in the boxes provided.**

<b><u>CAMPUS HALLS</u></b> (breakfast included):	<b><u>HENDREFOILAN</u></b> (self-catering):
- Standard Room	- Student Village
- Room with bathroom	- Woodside Flats
<b><u>BECK HOUSE</u></b> (over 23s):	<b><u>UNIVERSITY MANAGED HOUSE:</u></b>
- Standard Room	<b><u>STUDENT HOUSE IN TOWN</u></b> (private sector):
- Room with bathroom	<b><u>LIVING WITH A FAMILY</u></b> (meals included):
If you have a friend entering the University this year with whom you would like to be housed, please give his/her name:	
Are you prepared to share a room with the above?	<b>YES / NO</b>
Are you a smoker/occasional smoker/non smoker?:	
Do you object to smoking in the house:	<b>YES / NO</b>
Do you wish to live in a designated Quiet Area?	<b>YES / NO / NO PREFERENCE</b>
If you suffer from any health problems or disability which would benefit from a particular type of residence, or about which staff at the residence to which you are allocated should be aware, please give details. (Should you wish, the information can be given in a letter to accompany this form.)	
What, apart from your studies, are your main interests or hobbies?	

**Please return this form AS SOON AS POSSIBLE**

**N.B.** Any Visiting & Exchange student whose form is received after 1 November (for January entry) or 30 June (for September entry) is unlikely to be able to live in University Accommodation

**Student No**

AO.977

**Allocated** ..... **Received** .....  
**Offer Made** ..... **Accepted** .....