

# OUTBOUND STUDENT EXCHANGE APPLICATION



To be considered for participation in the USP student exchange programme, all applicants must complete this application form and submit it to the USP International Office. For full information about the programme, including eligibility and details of the application process, visit: <http://international.usp.ac.fj/>

## 1. Exchange Programmes

Please specify the programme to which you are applying:

Year: \_\_\_  Semester One  Semester Two

Preferred Host University:

Please rank your top 3 choices, 1 being most preferred.

- Macquarie University, Sydney, Australia
- Victoria University, Melbourne, Australia
- Victoria University, Wellington, New Zealand
- Simon Fraser University, Vancouver, Canada
- University of Guelph, Ontario, Canada
- University of Laval, Québec, Canada
- University of Hawaii, Manoa, Hawaii
- ISEP Exchange
- Hansung University, Seoul, South Korea
- Sophia University, Tokyo, Japan
- Sonoda Women's University, Amagasaki, Japan

## 2. Personal Details

USP ID NUMBER

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### NAME

Please write your full legal name.

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Preferred name: \_\_\_\_\_

## CITIZENSHIP

Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport expiry date: \_\_\_\_\_

\*If you are a regional student, please submit a copy of your passport page & study permit with your Exchange application\*

## CURRENT ADDRESS

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

## CONTACT DETAILS

E-mail: \_\_\_\_\_

Cellphone: \_\_\_\_\_

## EMERGENCY CONTACT

Please provide at least 2 names of the person you would like us to contact in an emergency.

(1). Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

(2). Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## 3. Programme Of Study

### USP DEGREE FOR WHICH YOU ARE ENROLLED

Degree: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Current year of study (e.g. 'second'): \_\_\_\_\_

Campus: \_\_\_\_\_

Are you; Private  Sponsored  student?

If sponsored, then provide Sponsor name:

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#### 4. Referees

List the names of two people who have agreed to act as referees. The referees should send their references directly to the International Office.

##### REFEREE ONE (ACADEMIC)

Name: \_\_\_\_\_

Association with you: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

##### REFEREE TWO (PERSONAL)

Name: \_\_\_\_\_

Association with you: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

#### 5. Additional Information

##### GOOD CHARACTER

Students who participate in the student exchange programme are regarded as ambassadors for USP and for Fiji while studying overseas. Exchange students must be of good character. Please answer the following questions honestly.

Have you ever been convicted of a crime in Fiji or any other country, or are there any charges pending against you?

Yes  No

If you answered 'Yes', please provide details on a separate sheet of paper.

##### DISABILITIES

Do you have any disability, impairment, long-term injury, chronic medical condition or special learning needs?

If so, please attach a statement about any equipment or support needs you may have. Please note that this information will not affect the outcome of your application, but enables us to ensure that any special needs can be accommodated at your host university.

#### 6. Health Insurance

Health insurance is required for students accepted for USP Exchange. USP ensures that all students travelling on University business are covered by USP Insurance. USP will purchase overseas health insurance for all Exchange students at the host universities prior to their departure.

#### 7. Agreement and Waiver

I consent to:

The disclosure of personal information I have provided on this form to staff within the University for the purpose of assessing my application.

The Student Exchange Selection Committee or their nominees obtaining any personal information about me- including my academic record- which is required for the purpose of this application.

I agree to promptly notify the Student Exchange Selection Committee of any changes to the information provided on this application form.

I declare that the information I have provided is true and correct, and I have not withheld any information that may have a bearing on this application.

Date signed: 

Date		Month		Year			

Signature of applicant:

\_\_\_\_\_