



Family Name	
First Name	

One Semester of Academic Studies

Please tick (✓) Semester One or Semester Two.

Semester One (September to January)

4 Academic Modules

Semester Two (February to June)

4 Academic Modules

DETAILS OF THE PROPOSED STUDY ABROAD PROGRAMME/LEARNING AGREEMENT AT UNIVERSITY COLLEGE BIRMINGHAM

MODULE CHOICES

	<i>1st Choice</i>		<i>2nd Choice</i>	
	<i>Module Code</i>	<i>Module Title</i>	<i>Module Code</i>	<i>Module Title</i>
1				
2				
3				
4				

<p>Student's signature :</p> <p>Date:</p>
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Family Name	
First Name	

Two Semesters of Academic Studies

Please tick (✓) February start or September start

- | | |
|--|---|
| <input type="checkbox"/> September 6 Academic Modules | <input type="checkbox"/> February 6 Academic Modules |
| Semester One (September to January) | Semester One (February to June) |
| Semester Two (February to June) | Semester Two (September to January) |

**DETAILS OF THE PROPOSED STUDY ABROAD PROGRAMME/LEARNING AGREEMENT AT
UNIVERSITY COLLEGE BIRMINGHAM**

MODULE CHOICES

	<i>1st Choice</i>		<i>2nd Choice</i>	
	<i>Module Code</i>	<i>Module Title</i>	<i>Module Code</i>	<i>Module Title</i>
1				
2				
3				
4				
5				
6				
7				
8				

Student's signature :

Date:



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University College Birmingham

STUDY ABROAD PROGRAMME APPLICATION FORM

Affix
Passport
Photo
Here

ONE SEMESTER (September to January) or (February to June)
– Please complete Learning Agreement A

TWO SEMESTERS (September to June) or (February to January)
– Please complete Learning Agreement B

PLEASE TYPE OR WRITE CLEARLY USING CAPITAL LETTERS

SECTION 1 / PERSONAL DETAILS:

FAMILY NAME

FIRST NAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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 NATIONALITY

EMAIL

SECTION 2 / ABOUT YOUR PROGRAMME:

NAME OF YOUR UNIVERSITY : _____

DEPARTMENT /FACULTY : _____

ADDRESS OF UNIVERSITY : _____

PROGRAMME : _____

YEAR OF STUDY : _____

Please provide the following:

- Reference (this should be preferably from the academic tutor from your current course)
- An official transcript of your grades to-date
- English language test results

Signature of student _____ Date _____

Please return this form to:

University College Birmingham - Asia Pacific Representative Office
 UKEdunet Sdn Bhd, B-3A-2 Megan Avenue 1, 189 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia
 Tel : +60-(0)3-2780 7288 Fax: +60-(0)3-2780 7299 E-mail: ucb.asia@ukedunet.com