



UCC

Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

Visiting Student Application Form

2009-2010

Please complete ALL sections of application form in BLOCK CAPITAL letters. Return completed form and documentation to: International Education Office, Roseleigh, University College Cork, Cork, Ireland. Website: www.ucc.ie/international

<u>Office use only</u>	Student Number	
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1 Personal Details

Last name (As on Birth Certificate)											
Other Name(s) (As on Birth Certificate)											
Date of Birth				Year		Month		Day			
Country of Birth				Male				Female			
Next of Kin											
Next of Kin Contact Telephone Number											
Next of Kin Email											

1 Personal Details

Please note that all correspondence will be mailed to your permanent home address unless you notify us to the contrary.

Permanent home address											
City/Town				State							
Country				Postcode							
Telephone No.				Mobile No.							
Email Address											

Please print email address in CAPITAL LETTERS. It is very important to provide an accurate email address as it will be used for correspondence during the application process.

3 Sending Institution (eg. Arcadia, Butler, Colby etc.)

Institution Name											
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4	College / University Education
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Name of Institution Attended		Years of Study	
Major Area(s) of Specialisation		Cumulative GPA	

Name of Institution Attended		Years of Study	
Major Area(s) of Specialisation		Cumulative GPA	

5	Courses for which you are currently enrolled at your home college / university
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1	
2	
3	
4	
5	

6	Programme of Study you wish to pursue at University College Cork Please tick box
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Early Start Semester in Irish Archaeology:	
Early Start Semester in Irish Folklore and Ethnology:	
Early Start Semester in History and Modern Ireland:	
Early Start Semester in Literatures in Ireland:	
Early Start Semester in Musics in Ireland:	
Early Start Semester in Irish Ecosystems:	
Early Start Semester in Management and Marketing in the EU:	
Autumn Semester:	
Full Academic Year:	
Early Start Semester and Full Academic Year:	
Specify which Early Start:	
Certificate in Irish Studies (Full Academic Year):	
Diploma in Irish Traditional Music (Full Academic Year):	
Diploma in Common Law (European) (Full Academic Year):	
Spring Semester:	
Certificate in Political Issues in Ireland Today (Spring Semester):	

6 Module Selection

Student Module Preference:

It is recommended that students take modules to the value of 60 UCC credits for the academic year and modules valued at 30 UCC credits for the semester. To view the range of modules on offer to Visiting Students please see **The Book of Modules for Visiting Students** at the following link:

<http://www.ucc.ie/en/international/VisitingUSNon-EUStudents/ModulesandCourses/CoursesModulesandECTSCredits/DocumentFile,24739,en.pdf>

Note: Visiting Students may ONLY choose modules from **The Book of Modules for Visiting Students**

Please list below your module choices, in order of preference

	Code	Module Title
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Please Note:

Even though every effort will be made to ensure that students will be admitted to their preferred module choices, the International Education Office CANNOT GUARANTEE admission to any particular module.

Study Abroad Approval Form For Visiting Students

Please complete Section 1 below. Please use BLOCK CAPITALS or type.

1 Student Details

Student Name							
Social Security No.							
Program Country							
Study Period Please tick box	Early Start		Fall only		Spring only	Full Academic Year	20_____

Please have Section 2 of this form completed by the Study Abroad Advisor or appropriate person at your Home Institution who approves study abroad. It is important that you understand your Home Institution's policy for accepting credits earned for study abroad before you leave.

2 Approval by Home Institution Official

TO THE HOME INSTITUTION OFFICIAL:

The student named above is applying for a study abroad program at University College Cork. If accepted, the student is expected to enrol in a full academic program. We would appreciate your evaluation of the student.

Is the student in good academic standing?	Yes		No	
If No, please explain:				

Has this student been subject to disciplinary action?	Yes		No	
If Yes, please explain:				

Will credits earned by the student on their study abroad programme be applied toward completion of a degree awarded by your institution? Please tick box	
<input type="checkbox"/>	Yes, provided the student passes each course with a grade of _____ or better
<input type="checkbox"/>	Yes, on the following condition:
<input type="checkbox"/>	No

Have you discussed your institution's policy for accepting credit with the above-named student?	Yes		No	
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Has the student shown satisfactory adjustment to college life in general?	Yes		No	
--	------------	--	-----------	--

If No, please explain:

Do you recommend this student?	Yes		No	
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Yes, with reservations. Please explain:

Additional Comments:

Home Institution Official's Details

Name	
Position	
Institution	
Address	
Telephone	
Fax	
Email	

Signature of Home Institution Official		Date	
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Instructions on completion of application form

1	Complete Visiting Student Application Form in full
2	Ensure Study Approval Form for Visiting Students is completed by home university or sending programme
3	Complete Health & Safety Information Questionnaire attached to this form
4	Please ensure that the following documentation is received by the International Education Office: <ol style="list-style-type: none">1. Full Academic Transcript(s) from home university2. Academic Reference
5	Return completed form to the following address: The International Education Office, Roseleigh, University College Cork, Cork, Ireland

Closing Dates

Early Start Semester, Autumn Semester and Full Year applications	29th May 2009
Spring Semester applications	30th October 2009

Please check that you have accurately completed all questions

Declaration

I acknowledge that the particulars given on this form are in all respects true.

Signature		Date	
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University College Cork

Health & Safety Information Questionnaire

This form is to be completed by the student

Last Name _____

First Name _____

The purpose of this form is to help UCC to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that UCC be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. Please note that UCC may not be able to accommodate all individual needs or circumstances.

Medical History

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you generally in good physical condition? (If not please explain.) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain and indicate any medication which has been prescribed.) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 3. Do you have any allergies to drugs or foods? (If yes, please explain.) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 4. Do you carry any indication of your allergies which would assist the University or medical staff in the event of illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 5. Are you taking any medications? (If yes, please explain.) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 6. Have you had any major injuries diseases or ailments in the past five years? (If yes, please explain.) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 7. Is there any additional information (concerning medical conditions or mental, learning, or physical disabilities) that would require action in the event of a medical emergency or be helpful for the program to be aware of during your study abroad experience? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |

I certify that all responses made on this Health Information Questionnaire are true and accurate, and I will notify UCC hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that, in the event of an emergency abroad, UCC reserves the right to notify my parent(s) or guardian.

The information provided will remain confidential and will be shared with programme staff, academic staff, or appropriate professionals only if pertinent to your own well being.

Signature of Student _____

Date _____