

## Study Tour Application Form

**Instructions:** Print this application form, provide the required information and submit the form to the student exchange coordinator at your institution. All information must be legibly printed in **black** ink or typed.

**Last Name:** \_\_\_\_\_ (as per the passport)

**First Name:** \_\_\_\_\_ (as per the passport)

**Middle Name:** \_\_\_\_\_ (as per the passport)

**Full address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile No.:** \_\_\_\_\_

(With Country and Area Code)

**Email Address** : \_\_\_\_\_

**Date of Birth** : \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Passport No.** : \_\_\_\_\_ **Issue Date** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

**Subject/Area of interest if any:** \_\_\_\_\_

I certify that all the information provided in my application, supporting documentation and subsequent communications are complete and accurate to the best of my knowledge, and that all attached or separately submitted personal statements and responses represent my own work. I understand that I have a continuing obligation to update the information provided in this application. I accept that any misrepresentation or omission may invalidate any further consideration and may be cause for legal action or cancellation of participation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Place

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### Please Attach:

- 1) Legible photocopy of the passport (first four and last four pages)
- 2) Complete Curriculum Vitae and Statement of Purpose (including motivation and contribution)
- 3) Copy of the certificates and testimonials
- 4) Medical clearance certificate (from medical practitioner)
- 5) Additional sheet for any additional information