## **Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Date of Birth |  | Gender |  |
| Nationality |  | Country of birth |  |
| Email address |  | Skype address |  |
| Telephone number |  | | |
| Home Address |  | | |

**Please describe your interests and hobbies:**

|  |
| --- |
|  |

## **Home Institution Details**

|  |  |
| --- | --- |
| Name of university / seminary |  |
| Address |  |
| Contact person at intuition |  |
| Email Address |  |
| Telephone number |  |

**What date (semester and year) do you wish to study at Westfield House?**

* Autumn Semester (August – December) Year: \_\_\_\_\_\_\_\_\_\_
* Spring Semester (January – May) Year: \_\_\_\_\_\_\_\_\_\_

## **Personal Statement**

Please write, and attach as a separate file, a short paragraph (up to 500 words) explaining why you wish to spend a study abroad semester/year at Westfield House. In what way(s) do you think this will be of benefit to you? What are your main goals for your time at Westfield House? Your answer will help us to understand your reason(s) for wishing to study at Westfield House and will also provide some insight into your writing ability.

|  |
| --- |
|  |

## **Academic Information**

Please list below the information requested for all the higher educational institutions (post Grade 12) you have attended, starting with the most recent (the one in which you are currently enrolled):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College/University/ Seminary** | **Location** | **Dates Attended** | **Degree/Major** | **Grade Point Average** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Are there any specific courses that you must take during your time at Westfield House?

No ⬜ Yes ⬜ If yes, please list the courses:

|  |
| --- |
|  |

## **Further Information**

Do you have any criminal convictions?

No ⬜ Yes ⬜ If yes, please provide details:

|  |
| --- |
|  |

Have you had a background check within the past 24 months?

No ⬜ Yes ⬜

Do you have a disability, any special needs or require learning support?

No ⬜ Yes ⬜ If yes, please provide details:

|  |
| --- |
|  |

Westfield House is a vibrant, Christian community and we strongly encourage all students to engage in the spiritual life of the community. Our Faculty, together with the Pastor of Resurrection Lutheran Church (located on our campus), provide spiritual care for our students, regardless of religious beliefs**.**

|  |  |
| --- | --- |
| Religious affiliation (optional) |  |

Please provide any other information about your plans for your time at Westfield House that you think is relevant to your application.

|  |
| --- |
|  |

## **Additional Information**

Please submit the following with your application:

1. Academic transcript from your home university
2. Writing sample, such as a paper or essay that you have written for a class.
3. Copy of passport
4. Passport-type photo for ID card (jpeg, gif, pdf etc)

## **Student Declaration**

By signing this form, I agree to the processing of my personal data in accordance with the data protection policy (Westfield House Privacy Notice) that can be found at:

<https://www.westfield.cam.ac.uk/governance-policies/>

The information I have given is true to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

## **Home Institution Declaration**

I recommend the applicant named in section 1 of this application for studies at Westfield House. I have seen the following original documents:

1. The applicant’s current passport
2. The certificates or transcripts confirming the academic credentials

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Institution