



SHORT LEARNING PROGRAMME

APPLICATION FOR SHORT TERM INBOUND MOBILITY

Institution/Country you are applying to:

Principal Faculty at UJ:

UJ Student no:

Principal field of study during this trip:

Departure Date:

Start Date:

Return Date:

PERSONAL DETAILS

Surname | Last Name:

Initials:

Full Names:

Title:

Gender:

Nationality:

ID number:

Passport number:

Residential address:

Tel:

Cell:

Email:

CONTACT IN CASE OF EMERGENCY (PARENTS OF GUARDIAN)

Surname | Last Name:

Initials:

Title:

Relationship to you:

Tel:

Cell:

Email:

DECLARATION OF HEALTH / DISABILITY SUPPORT

What is your present state of health?

Name any other illness, sensory or physical defects you suffer from:

I certify that, to the best of my knowledge, the details in this form is correct:

Signature:

Date:

SHORT TERM INBOUND STUDY ABROAD APPLICATION FORM

