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APPLICATION FORM

FOR FOREIGN STUDENTS EXCHANGE/ INTERNSHIP PROGRAMME

ACADEMIC YEAR 201 - 201

Student's last name :
First name :
Home institution

Please return this application to

OFFICE OF INTERNATIONAL RELATIONS

VIT UNIVERSITY
VELLORE- 632014
TAMILNADU- INDIA
TEL: +91-416-2202131, 2244, 2243, 2038, 2041
Fax: +91-416-2243092, 2240411
Further details: www.vit.ac.in

DEADLINES

- □ December 01, for Fall Semester
- ☐ July 01, for Winter Semester

HOME INSTITUTION (to be completed by the university official)

Name and full address:					
Name of contact person / faculty :					
Contact details (designation / department, telephone, fax and E-mail)					
STUDENT'S PERSONAL DATA (to be completed by the student applying)					
Family name:	First name (s) :				
Date of birth:	Place of Birth:				
Gender:Nationality:	Permanent address (if different):				
Current address:					
Tel.:	Tel.:				
E-mail:	E-mail.:				
LANGUAGE COMPETENCE					
Mother tongue: Language of instruction at home institution (if different):					
Your Proficiency in English: (mark the appropriate box)					
☐ can read, write and speak fluently					
☐ would need to undergo a bridge-course in English					

CURRENT STUDY

Diploma/degree for which you are currently studying:		
APPLICATION		
Application for : □ Exchange programme		
□ laboratory project (Internship)		
Area of specialization :		
□ Other :		
Duration (number of months):		
Date of arrival:.		
Date : Institution's seal		
Student's Signature		
REQUIREMENTS FOR EXCHANGE STUDENTS		
Students should have registered for a regular degree programme in their home university.		
Courses taken at VIT University must be part of the degree pursued at the home university		
3. The application must be supported by the home university.		
CHECK LIST		
☐ Statement Of Purpose (SOP)		
□ Resume		
☐ Transcript of records (higher education)		
Please complete this form, enclose the requested documents and return it to the address on first page.		