|  |  |
| --- | --- |
| **Family Name** as given on passport |  |
| **Given Names** as given on passport |  |
| **Title** | Mr ☐ Mrs ☐ Miss ☐ Ms ☐ |
| **Date of Birth** |  |
| **Nationality** as it appears on passport |  |
| **Passport Number** (this **MUST** be the passport the student will use in their Visa application). |  |
| **Home (Residential) Address** |  |
| **Email** |  |
| **Course Title (Home Institution)** | e.g. PhD in Chemistry |
| **Details of contact at your Home Institution** (eg your supervisor, or programme administrator) Please state their position |  |
| **Supervisor within Department** |  |
| **Proposed study programme** **(activities) in department during visit** | (please ask your Cambridge supervisor to provide this) |
| **Start Date** | 30th July 2018 |
| **End Date** | 30th July 2018 |
| **Name and Address of Home Institution**  |  |
| **Will the visiting student study full-time whilst at Cambridge** |  (It is expected that our students will study full-time) |
| **Will the student study outside the UK during their visit to Cambridge?** |  (If yes, please give details) |
| **Will the student return to their registered institution at end of study?** |  |
| **Confirm how the student will finance this period of study.** (NB the student has to prove this in their visa application) | e.g. Self-Financing |
| **Details of medical insurance or financial assurance as to payment of medical expenses** (non EU Short Term Study) |  |