



To be considered for participation all applicants must complete this application form and submit it to the USP International Office. For full information about the programme, <https://www.uib.no/en/oneocean>

Phone: _____

(2). Name: _____

Relationship: _____

Phone: _____

1. Personal Details

USP ID NUMBER

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NAME

Please write your full legal name.

Surname: _____

First name(s): _____

Preferred name: _____

CITIZENSHIP

Nationality: _____

Passport Number: _____

Passport expiry date: _____

If you are a regional or international student, please submit a copy of your passport page & study permit with your application

CURRENT ADDRESS

Street Address: _____

Town/City: _____

Postcode: _____ Country: _____

CONTACT DETAILS

E-mail: _____

Cellphone: _____

EMERGENCY CONTACT

Please provide at least 2 names of the person you would like us to contact in an emergency.

(1). Name: _____

Relationship: _____

2. Programme Of Study

USP DEGREE FOR WHICH YOU ARE ENROLLED

Degree: _____

Programme: _____

Current year of study (e.g. 'second'): _____

Campus: _____

Graduating Year: _____

Are you; Private Sponsored student?

If sponsored, then provide Sponsor name:

3. Referees

List the names of two people who have agreed to act as referees. The referees should send their references directly to the International Office.

REFEREE ONE (ACADEMIC)

Name: _____

Association with you: _____

Email: _____

Phone: _____

REFEREE TWO (PERSONAL)

Name: _____

Association with you: _____

Email: _____

Phone: _____

4. Additional Information

GOOD CHARACTER

Students who participate in the student exchange programme are regarded as ambassadors for USP and for Fiji while studying overseas. Exchange students must be of good character. Please answer the following questions honestly.

Have you ever been convicted of a crime in Fiji or any other country, or are there any charges pending against you?

Yes No

If you answered 'Yes', please provide details on a separate sheet of paper.

DISABILITIES

Do you have any disability, impairment, long-term injury, chronic medical condition or special learning needs?

If so, please attach a statement about any equipment or support needs you may have. Please note that this information will not affect the outcome of your application, but enables us to ensure that any special needs can be accommodated at your host university.

5. Health Insurance

Health insurance is required for students accepted for USP Exchange. USP ensures that all students travelling on University business are covered by USP Insurance. USP will purchase overseas health insurance for all Exchange students at the host universities prior to their departure.

6. Agreement and Waiver

I consent to:

The disclosure of personal information I have provided on this form to staff within the University for the purpose of assessing my application.

The One Ocean Expedition Committee or their nominees obtaining any personal information about me- including my academic record- which is required for the purpose of this application.

I agree to promptly notify the Committee of any changes to the information provided on this application form.

I hereby consent to and grant The University of the South Pacific the right to the usage, reproduction

and redistribution of any and all audio and video recordings and still photography of my likeness and sound in all media and formats now known or devised in the future, in perpetuity and adaptations for all general purposes in relation to The University of the South Pacific's work without any limitation, whenever The University of the South Pacific chooses to do so

I agree that the intellectual property right and all other rights in respect to my contribution/s are assigned to The University of the South Pacific.

I agree to release The University of the South Pacific from any and all claims, demands or causes of action that I may now have or may have in future for libel, defamation, invasion of privacy, right of publicity or infringement of intellectual property right. I declare that the information I have provided is true and correct, and I have not withheld any information that may have a bearing on this application.

Date signed:

Date		Month		Year			

Signature of applicant:
