

INTER-CAMPUS MOBILITY APPLICATION FORM



To be considered for participation in the USP student inter-campus mobility programme, all applicants must complete this application form and submit it to the USP International Office. For full information about the programme, including eligibility and details of the application process, visit: <https://www.usp.ac.fj/exchange-programme>

Select one from the following:

- Fiji citizen applying for ICM (go to Qtn 1)
- Regional student applying for ICM (go to Qtn 2)
- Regional student applying for placement at another regional campus (go to Qtn 3)

1. Inter-Campus Mobility (Fiji Citizen applying for placement at one of the regional campuses)

Please rank your top 3 choices, 1 being most preferred

- Samoa
- Solomon Islands
- Vanuatu
- Others(specify any other campus for placement)

2. Inter-Campus Mobility (Regional student applying for placement at one of the Fiji campuses)

Select one of the Fiji campuses for placement:

- Labasa
- Lautoka
- Laucala

3. Inter-Campus Mobility (Regional student applying for placement at another regional campus)

Current campus: _____
(Currently studying from which campus)

Campus applying for placement: _____

4. 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 student, please submit a copy of your passport page & study permit with your Exchange 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: _____

Phone: _____

(2). Name: _____

Relationship: _____

Phone: _____

5. Programme Of Study

USP DEGREE FOR WHICH YOU ARE ENROLLED

Degree: _____

Major(s): _____

Minor(s): _____

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

Campus: _____

Graduating Year: _____

Are you; Private Sponsored student?

If sponsored, then provide Sponsor name:

6. 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: _____

7. 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.

8. Health Insurance

Health insurance is required for students accepted for Inter-Campus Mobility. USP ensures that all students travelling on university business are covered by USP Insurance. USP will provide with USP travel insurance to those traveling under inter-campus mobility programme.

9. 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 Student Exchange Selection 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 Student Exchange Selection Committee of any changes to the information provided on this application form.

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of applicant:

Checklist:

Inter-Campus Mobility Programme

*Students applying for **INTER-CAMPUS MOBILITY** placement, you will register for your courses as normal at Laucala campus and International Office will facilitate your '**Transfer of Campus**'.

- ICM Unique Personal Statement
- ICM Course Selection Sheet
- ICM Academic reference
- ICM Personal reference

Note: incomplete application/information will not be considered.