

ST PATRICK'S PONTIFICAL UNIVERSITY, MAYNOOTH

EXPRESSION OF INTEREST TO STUDY ABROAD



Surname: _____ First name: _____

Date of Birth: _____ Nationality: _____

Student ID: _____ Mobile number: _____

Email address (please print clearly): _____

Degree programme: BATH BTh BD Year (1st 2nd): _____

Postgraduate: (specify course, MTh; PhD etc.): _____

Arts subject (in the case of BATH): _____

Proposed Host University: _____

Have you ever been on an Erasmus exchange from this or from any other university? Yes No

Do you suffer from any medical conditions of which we should be made aware? Yes No

If yes, please describe: _____

Postal Address: _____

Student's signature: _____ **Date:** _____

Dean's signature: _____ **Date:** _____

(in the case of undergraduate student)

Director of Formation's signature: _____ **Date:** _____

(in the case of seminarian)

Supervisor's signature: _____ **Date:** _____

(in the case of postgraduate student)

Erasmus **Coordinator's signature:** _____ **Date:** _____

This form must be submitted to the Admissions/ Theology Office: admissions@spcm.ie