**Appendix AP2a**

**TRAVEL AND CONTACT DETAILS FORM**

**(ONLY TO BE COMPLETED BY INTERNATIONAL STUDENTS ON A TIER 4 VISA)**

*If you wish to travel away from your campus area during term-time, vacation periods, or at the end of your studies please use this form to inform the University of your itinerary PRIOR to your departure.*

|  |  |
| --- | --- |
| **PERSONAL DETAILS**  Please provide your contact details for the University to support you during your travel in a case of emergency | |
| **Student Name:** | **Student ID Number:** |
| **Programme of Study:** | **Level of Study (e.g. 4, 5, 6 or 7):** |
| **UWTSD Email:**  @student.uwtsd.ac.uk | **Personal Email:** |
| **Mobile Tel Number:** | **Other Tel No (e.g. landline):** |

|  |  |
| --- | --- |
| **NEXT OF KIN DETAILS**  Please provide contact details for your next of kin for the University to contact them in case of an emergency | |
| **Contact Name:** | **Contact’s relationship to you (e.g. mother, brother):** |
| **Contact’s Email:** | **Personal Email:** |
| **Mobile Tel Number:** | **Other Tel No (e.g. landline):** |

|  |  |
| --- | --- |
| **Intended travel destinations:** | **Intended dates of travel:** |
| (this box will expand as you type or you may attach additional sheets) |  |

|  |
| --- |
| **Student Signature: Date:** |
|  |
| **FACULTY OFFICE USE ONLY** |
| Student authorisation to travel letter provided: Yes:  No: |
| Administrator`s Signature: Date: |