

**PONTIFICAL UNIVERSITY, St Patrick's College, 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 (1<sup>st</sup> 2<sup>nd</sup>): \_\_\_\_\_

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](mailto:admissions@spcm.ie)***