

**To be completed by the applicant's home institution Study Abroad Advisor or Study Abroad Provider**

I support this application and confirm that (*name of student*) \_\_\_\_\_  
is in good academic standing and disciplinary standing with (*home institution*) \_\_\_\_\_

Please tell us about the proposed funding for the Visiting Students Programme.

I confirm the home institution/Study Abroad provider should be invoiced for the student's fees

Yes  No  
If yes the home institution/Study Abroad Provider will be invoiced.

The student will meet programme fees and will be invoiced directly

Yes  No  
If yes the student will be invoiced.

Name  
Position, University  
Email address

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**Study Abroad Advisor signature**

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**Date**

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**To be completed by the applicant**

I declare that the information I have provided in my application is accurate and that my application and the academic work I have submitted with my application is my own work. If my application is successful and I accept my place at St Hilda's College, I give consent for St Hilda's College faculty and staff to email me at the email address provided on this application prior to my arrival.

**Applicant's signature**

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**Date**

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