

Outbound Application Form Master Pathway Program

1.	Name of the Applicant: (As per passport)	
		(Given Name)
2.	Roll No./ ID No.:	
	Gender: □ Male □ Female □ Others	
4.	Date of Birth: / / (dd/mm/yyyy)	
5.	Place of Birth:	
6.	Nationality:	
7.	Passport No.: Date of Expiry (Passport)://	(dd/mm/yyyy)
8.	E-mail Address:	
9.	Phone Number:	_
10.	Permanent Address:	
11.	Present Address:	
Pare	ent/Guardian Details (Contact in case of Emergency)	
12	Full Name:	
	Relationship:	
	Phone Number:	
	E-mail Address:	
10.	Permanent Address:	

Details of Education at Presidency University						
17.	17. Name of the School: _SoCSE / SoE / SoM / SoC / SoL / SoD / SoMs / SoIS					
18.	. Name of the Department:					
19.	9. Applicant's status at the home university: \Box Undergraduate \Box Masters					
20.	Name of the Deg	ree Program &	Specialization	:		
21.	Year of Registrati	on (Strating of	your degree Pi	rogramme): Acade	emic Year	20 20
22.	Current semester	r:	_			
23.	Expected Year of	graduation: 20	20			
Det	ails of Credits a	at Presidency	University			
24.	CGPA (as on appl	ication date):				
25.	Credits registered	d as per last sei	mester grade c	ard:		
26.	Credits complete	d as per last se	mester grade o	card:		
27.	No. of Active bac	klogs as on app	olication date (i	incl. courses awarded	l with NP, F	and RC Grade):
28.		Γ				
		Total	Number of C Completed	Credits Registered in		-
С	ourse Category	Required	till Last	the current	To be earned	Remarks (If any)
		for Degree	Semester	Semester	earneu	
Sch	nool Core					
Program Core						
	scipline Elective					
Ор	en Elective					
	Total					
	Total					
Study Plan at Partner University						
29.	29. Arrangement with Partner University:					
	_] 2+1 □ ;	2+2		
	□ 2.5+1.5 □	3+1	3+2 □ 3	3.5 + 1.5	Direct Mas	sters
30.	30. Semester you wish to register at Partner University:					
☐ Fall (Aug. / Sep.) 20 _ ☐ Spring (Jan / Feb.) 20						
	Fall (Aug. / Sp	n 120	□ Spring / I	an / Fah \ 20		
	☐ Fall (Aug. / Se	ep.) 20	☐ Spring (J	an / Feb.) 20		

Partner University Name / County / Program

Before selecting your preferred university abroad, please contact the Office of International Affairs or email oia3@presidencyuniversity.in for a list of active partner universities.

Refer to the partner university's website for more details before applying. Ex: program details, Tuition and fees, accommodation, etc.

Name of the Partner University and Country	Name of the Program

Cor	Contact person in Preferred Country / University (If any)			
31.	Full Name:			
32.	Relationship:			
33.	Phone Number:			
34.	E-mail Address:	. <u></u>		
35.	Address:			
Lan	nguage Proficiency			

36. English language proficiency (Indicate the level of proficiency: Excellent, Good, Fair or Poor)

Reading	Writing	Speaking	Listening

37. Foreign Lan	guage(s) known othe	er than English:		
Proficiency of Foreign Language (Indicate the level of proficiency: Excellent, Good, Fair or Poor)				
Troncicity of t	orcigii Lariguage (iii	alcate the level of prof	ncicity. Executivity of	000, 1 all 01 1 001)
Language	Reading	Writing	Speaking	Listening
Language	reduing	VVIICING	эрсикту	Listering
Financial Sup	pport (Survey t	he details and fi	II)	
38. Expected liv	ring expenses per mo	onth (including accom	modation)	
20 Evported to	atal evnences for to	tal duration of Masto	r (flight forg vice f	as assammadation
-	-	tal duration of Maste		e, accommodation,
living, insura	ance etc.)			
40. Name of the	e sponsor & relations	ship with applicant		
41. Contact det	ails of sponsor(s)			
Medical Histo	ry (If any)			

Undertaking from the Student

I hereby declare that all the information furnished in the application is true to the best of my knowledge and I have filled the application form by myself.

I do hereby undertake as below

- All the requirements at Presidency University in terms of credits, semester registration and course enrollment are to be fulfilled by me.
- Internal review meetings will be attended by me as per the schedule of department and reports will be submitted in time.
- I will keep updating Information regarding departure from home country and arrival at partner University to the International faculty coordinator, Head of the department and Office of International Affairs in timely manner.
- Final thesis to be submitted in prescribed format and viva-voce examination to be defended in Presidency University order to get degree awarded.
- I, at my own interest & risk wish to study at partner University.
- I have taken consent of my parents and they are aware of the expenses incurred in my studies
 related to tuition fees (if any), international travel, accommodation, food, medical insurance,
 Visa fee, local travel in foreign country and contingencies, etc. and they have agreed to pay
 all the expenses.
- I further understand that Presidency University, Bangalore will not be held responsible for my safety or for bringing me back to home country in case of any natural calamities or disturbances or local war that may occur during my studies at the foreign University.

Signature of the Student:	·
Date:	Place:
Approval from the Head	of the Department / Asso. Dean
Signature of the Class Coordinator with date:	
Signature of the International Faculty Coordi	nator with date:
Signature(s) of the Head of the department /	Asso. Dean / Director / Dean with date & seal:

Undertaking from the Parent
I am aware that my son/daughter Mr./Ms Roll
No.: year in the department
of, School of
has submitted an application for Master's at a partner University to the Office of International
Affairs, Presidency University, Bengaluru for further processing.
I am aware that the expected total expenses (Rs) related to
tuition and fees (if any), international travel, accommodation, food, medical insurance, Visa fee, local
travel in foreign country and contingencies, etc. in connection with his / her master's Program will
have to be fully borne by me.
I also assure that my son/daughter will abide by the rules and regulations of the partner University
and uphold the reputation of Presidency University, Bengaluru.
I further understand that Presidency University, Bengaluru will not be held responsible for the safety
of my son/daughter or for bringing him / her back to home country in case of any natural calamities
or disturbances or local war that may occur during his / her studies at the partner University.
Signature of the Student:
Name of the Student:
Date:
Place:
Signature of the Parent:
Name of the Parent:
Date:
Place:

Documents to attached

- 1. Curriculum Vitae (CV)
- 2. Passport size photo with white background
- 3. Scanned copy of the passport data pages (Front and back)
- 4. Academic transcripts for semesters completed at Presidency University
- 5. Statement of Purpose (SOP)
- 6. English Proficiency Test (if applicable)
- 6. Vaccination Certificates (COVID or if any other, depends on the travel regulations)
- 7. Degree Certificate
- 8. Letter of recommendation (LOR)

Note:

Please send the scan copy of completed application with relevant documents requested above to **oia3@presidencyuniversity.in**

Your application will not be considered if it is incomplete or if the requested documents are not submitted by the stated deadline.