



APPLICATION FORM

**FOR SEMESTER ABROAD PROGRAMME / PROJECT ABROAD PROGRAMME
(OUTBOUND)**

Family Name: _____

Given Name: _____

(as in passport)

Department: _____

Batch: _____ Programme: B Tech / M Tech

VTU No.: _____ Registration No.: _____

Application for: 2 Semesters / 1 Semester

Passport Number: _____ Expiry Date: ____ / ____ / _____

Affix
Recent
Passport Size
Photo

Please return the application to

Directorate of International Relations

Vel Tech Rangarajan Dr.Sagunthala R&D Institute of Science and Technology,

Avadi, Chennai.

Email: dint@veltech.edu.in

Documents to be enclosed with the application:

1. Curriculum Vitae (CV)
2. Good Quality Passport Size Photo
3. Transcripts
4. Areas of interest for internship (Project Work) with Statement of Purpose
5. Scanned copy of the passport data pages
6. Consent Form from Parent (Annexure 1)

Student's Personal Data

Family Name: _____

Given Name: _____
 (as in Passport)

Date of Birth (DD/MM/YYYY): ____ / ____ / ____ Place of Birth: _____

Gender: _____ Nationality: _____

Current Address: _____ Permanent Address: _____

Tel: _____ Tel: _____

Email: _____ Email: _____

Contact in case of emergency

Name: _____ Relationship: _____

Contact Numbers: 1. _____ 2. _____

Email: _____

Language Competence

Foreign Languages known other than English: _____

Proficiency in Foreign Language: (indicate the level proficiency)

Language	Read	Write	Talk



Medical History (if any)

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Current Study

Department: _____

Batch: 20____ - 20____

Credits Information:

Course Category	Number of Credits				Remarks (If any)
	Minimum Required	Completed till Last Semester	Registered in the present Semester	To be earned	
Programme Foundation					
Programme Core					
Programme Elective					
Allied Elective					
University Elective					
Independent Learning					
Industry / Higher Institute Learning Interaction					
Value Education Elective					
Total					

Application

Preferences of the University / Institution with City / Country and the Department:

(Please refer the list of available Universities / Institutions before filling; For Dept. refer the foreign University site)

1. _____
2. _____
3. _____

Please submit the detailed preferences as per the Annexure 1



Semester Abroad Duration:

2 Semesters

Only course work in both semesters

Course work in one semester + Project work in one semester

1 Semester

Only course work

Only Project work

Total Number of Credit required per semester: _____ + _____ = _____

Undertaking from the Student

All the above information is true to best of my knowledge.

I am aware that,

- It is my responsibility to fulfill all the other requirements at Vel Tech in terms of Credit requirements, Semester and Course registrations.
- I need to inform the arrival details to my mentor, HoD and Director – International Relations within three days of arrival at Host Institution.
- I need to attend the regular internal reviews and submit the reports based on the Schedule given by the HoD / Department Project Coordinator.
- I need to submit Final thesis in the prescribed format and defend viva-voice examination as per the schedule.

Date: _____

Student's Signature: _____

Signature of the Head of the Department with Seal



Annexure – 1

Undertaking

I am aware that my son / daughter Mr. / Ms., VTU No.: studying in year in Department has submitted an application for Semester Abroad Program at a foreign University to the Directorate of International Relations, Vel Tech Rangarajan Dr.Sagunthala R&D Institute of Science and Technology for further processing.

I am aware that all expenses related to tuition fees if any, international travel, stay, subsistence and internal travel in foreign country, medical insurance, contingencies, Visa fees etc. in connection with his / her Semester Abroad Program will have to be fully borne by me.

I also assure that he / she will abide by the rules and regulations of the Host (Foreign) University and maintain the reputation of Vel Tech Rangarajan Dr.Sagunthala R&D Institute of Science and Technology.

Signature of the Parent

Signature of the Student

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(Name: / Contact No.....)

Date: ____ / ____ / _____



Annexure - 2

Preferences of the University / Institution with City / Country and the Department:

(Please refer the list of available Universities / Institutions before filling; For Dept. refer the foreign University site) (Most preferred at First) – Specifically for Project

Preference	Name of the University / Institution	Preference of the Expert / Lab / Research Area
1		1. Expert: _____ Research Area: _____ Lab.: _____ Email ID: _____
		2. Expert: _____ Research Area: _____ Lab.: _____ Email ID: _____
		3. Expert: _____ Research Area: _____ Lab.: _____ Email ID: _____
2		1. Expert: _____ Research Area: _____ Lab.: _____ Email ID: _____
		2. Expert: _____ Research Area: _____ Lab.: _____ Email ID: _____
3		1. Expert: _____ Research Area: _____ Lab.: _____ Email ID: _____
		2. Expert: _____ Research Area: _____ Lab.: _____ Email ID: _____