

**STUDENTS REGISTRATION FORM FOR STUDY ABROAD/SEMESTER ABROAD/INTERNATIONAL INITERNSHIP *(ICPM – 2020-2021)***

Please email your completed registration form to **dd.icpm@msruas.ac.in** for processing and approvals with concerned faculty and administrators

|  |  |  |
| --- | --- | --- |
| 1 | First Name/Name (as in passport) |  |
| 2 | Last Name/Surname (as in passport), if surname is not there, then write hyphen, please (“-”)  |  |
| 3 | Department and Faculty (e.g., CED, FET or Dep.of Product Design, FAD or MME, FET, etc) |  |
| 4 | Program/Specialization |  |
| 5 | Student ID (see it on your Ramaiah University of Applied Sciences Student ID card) |  |
| 6 | Title of your prospective dissertation, if applicable |  |
| 7 | Number of completed Semesters as of now |  |
| 8 | When would you like to go abroad? Or start online program? |  |
| 9 | For how long would you like to go? | □ 2 weeks; □ 3-4 weeks; □ Semester; □ Other:\_\_\_\_\_\_\_\_.  |
| 10 | If already know, which institution would you like to go? |  |
| 11 | Passport No & Passport Validity (if in process, state expected date of receiving your passport) |  |
| 12 | Place of Birth (as in passport) |  |
| 13 | Citizenship |   |
| 14 | Email ID |   |
| 15 | Mobile No |   |

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