

Study Abroad Programme

Please PRINT clearly in black or blue ink when completing this form

A PERSONAL DETAILS	
Title: Mr/Mrs/Miss/Ms/Other:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Family Name:	Nationality:
Given Names:	Country of Permanent Residence:
Date of Birth (day, month, year):	Country of Birth:
Permanent Address: Number and Street: City: State: Zip Code: Country:	Passport Number: Place of Issue: Expiry Date:
Phone Number (including country code):	E-mail address:

B PROGRAMME OF STUDY AT KINGSTON
Proposed Entry Date:
Study Period: (please tick option) Academic Year 2014/15: <input type="checkbox"/> Spring 2015 only: <input type="checkbox"/> Fall 2014 only: <input type="checkbox"/>

C ACADEMIC BACKGROUND	
Name of college/university currently attending:	
Major or Prospective Major:	Minor:
Grade Point Average: Cumulative: In major field:	
Year of study at time of enrolment at Kingston University: Second: <input type="checkbox"/> Third: <input type="checkbox"/> Fourth: <input type="checkbox"/> Other: <input type="checkbox"/>	
Is English your first language? YES/NO	If not, please provide test scores: IELTS/TOEFL

[illegible]

Do you have any criminal convictions? YES/NO

- A ☐ No disability
- B ☐ You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- C ☐ You are blind or have a serious visual impairment uncorrected by glasses
- D ☐ You are deaf or have a serious hearing impairment
- E ☐ You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- F ☐ You have a mental health condition, such as depression, schizophrenia or anxiety disorder
- G ☐ You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- H ☐ You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
- I ☐ You have a disability, impairment or medical condition that is not listed above (other)
- J ☐ You have two or more impairments and/or disabling medical conditions (multiple)

Name including position:	Address:	Telephone/e-mail:

G	ABOUT KINGSTON UNIVERSITY
How did you first hear about Kingston University?	
Study Abroad Fair: <input type="checkbox"/>	Website: <input type="checkbox"/> (please specify)
Teacher or friend: <input type="checkbox"/>	Other: <input type="checkbox"/> (please specify)

H	CHECKLIST
I enclose the following materials: <i>(please tick as appropriate)</i>	
<input type="checkbox"/> Official transcript	<input type="checkbox"/> Transcript will be sent separately
<input type="checkbox"/> One reference	<input type="checkbox"/> Reference will be sent separately
<input type="checkbox"/> Photocopy of biographic details of my passport	<input type="checkbox"/> Supporting statement
<input type="checkbox"/> One passport-sized photo (head and shoulders only)	<input type="checkbox"/> Completed module selection form
<input type="checkbox"/> For non-native speakers, a copy of my English Language proficiency results	

I	DECLARATION
I declare that the information I have provided is correct and complete to the best of my knowledge.	
<div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="width: 45%;"> <p>_____</p> <p>Signature</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Date</p> </div> </div>	

The University works within the British Data Protection Act 1998. The personal data which you provide on this form will be used to administer your application and, if you are successful, the arrangements for your participation in the programme. As part of this, data may be passed to your supporting organisation in your home country. By signing this form you will be giving consent to such uses and transfer of your data. If you have any queries about data use contact the European and Study Abroad Office.

<p>Please send your completed application to:</p> <p>European and Study Abroad Officer (Inbound) European and Study Abroad Office Kingston University River House (Swan Wing) 53-57 High Street Kingston upon Thames KT1 1LQ UK</p>	<p>Contact details:</p> <p>Direct line: +44 (0)20 8417 3650 E-mail: ESAO@kingston.ac.uk Fax: +44 (0)20 8417 3028</p>
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