Application Form 2014/15



Study Abroad Programme

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

Title: Mr/Mrs/Miss/Ms/Other:	A PERSONAL DETAILS		
Given Names: Country of Permanent Residence: Date of Birth (day, month, year): Permanent Address: Number and Street: City: State: Zip Code: Country: Phone Number (including country code): B PROGRAMME OF STUDY AT KINGSTON Proposed Entry Date: Study Period: (please tick option) Academic Year 2014/15: Fall 2014 only: C ACADEMIC BACKGROUND Name of college/university currently attending: Major or Prospective Major: Minor: Grade Point Average: Currulative: In major field: Year of study at time of enrolment at Kingston University: Second: Third: Fourth: Other: C Ountry of Birth: Passport Number: Passport Numb	Title: Mr/Mrs/Miss/Ms/Other:	Gender: Male Female	
Date of Birth (day, month, year): Permanent Address: Number and Street: City: State: Zip Code: Country: Phone Number (including country code): B PROGRAMME OF STUDY AT KINGSTON Proposed Entry Date: Study Period: (please tick option) Academic Year 2014/15:	Family Name:	Nationality:	
Permanent Address: Number and Street: Number and Street: City: State: Zip Code: Country: Phone Number (including country code): B PROGRAMME OF STUDY AT KINGSTON Proposed Entry Date: Study Period: (please tick option) Academic Year 2014/15: Fall 2014 only: 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: Third: Fourth: Other: Other:	Given Names:	Country of Permanent Residence:	
Number and Street: City: State: Zip Code: Country: Phone Number (including country code): B PROGRAMME OF STUDY AT KINGSTON Proposed Entry Date: Study Period: (please tick option) Academic Year 2014/15: Spring 2015 only: Fall 2014 only: 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: Third: Fourth: Other: Other:	Date of Birth (day, month, year):	Country of Birth:	
City: State: Zip Code: Country: 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: Spring 2015 only: Fall 2014 only: 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: Third: Fourth: Other:	Permanent Address:	Passport Number:	
State: Zip Code: Country: Phone Number (including country code): E-mail address: E-mail address: E-mail address: E-mail address: E-mail address: E-mail address: C Proposed Entry Date: Study Period: (please tick option) Academic Year 2014/15: Fall 2014 only: 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: Third: Fourth: Other: Other:	Number and Street:	Place of Issue:	
Zip Code: Country: 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: Spring 2015 only: Fall 2014 only: 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: Third: Fourth: Other: Other:	City:	Expiry Date:	
Country: 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:	State:		
Phone Number (including country code): E-mail address:	Zip Code:		
B PROGRAMME OF STUDY AT KINGSTON Proposed Entry Date: Study Period: (please tick option) Academic Year 2014/15:	Country:		
Proposed Entry Date: Study Period: (please tick option) Academic Year 2014/15:	Phone Number (including country code):	E-mail address:	
Proposed Entry Date: Study Period: (please tick option) Academic Year 2014/15:		I	
Study Period: (please tick option) Academic Year 2014/15:	B PROGRAMME OF STUDY AT KINGSTON		
Academic Year 2014/15:	Proposed Entry Date:		
Fall 2014 only: 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: Third: Fourth: Other:	Study Period: (please tick option)		
C ACADEMIC BACKGROUND Name of college/university currently attending: Major or Prospective Major: Minor: Grade Point Average: Cumulative:	Academic Year 2014/15: Spring 2015 only:		
Name of college/university currently attending: Major or Prospective Major: Minor: Grade Point Average: Cumulative:	Fall 2014 only:		
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: Third: Fourth: Other:			
Major or Prospective Major: Grade Point Average: Cumulative: In major field: Year of study at time of enrolment at Kingston University: Second: Third: Fourth: Other:			
Grade Point Average: Cumulative: In major field: Year of study at time of enrolment at Kingston University: Second: Third: Fourth: Other:	Name of college/university currently attending:		
Cumulative: In major field: Year of study at time of enrolment at Kingston University: Second: Third: Fourth: Other:	Major or Prospective Major:	Minor:	
Year of study at time of enrolment at Kingston University: Second:			
Second:			
	rear of study at time of enrolment at Kingston University:		
Is English your first language? YES/NO If not, please provide test scores: IELTS/TOEFL	Second:	Other:	
	Is English your first language? YES/NO If not, please provide test scores: IELTS/TOEFL		

application:	/will be enrolled in that are not show	n on your transcript at the time of	
TITLE: GRADES:		CREDITS:	
		,	
D FINANCIAL SUPPORT/CRIMINAL CONVICTIONS How will you be funding your studies?			
Do you have any criminal convictions? YES/NO			
E DISABILITY OR SPECIFIC LEARNING DIFFICULTY/DIFFERENCE (INCLUDING DYSLEXIA)			
Please give details of any learning support needs, including any disability or medical condition for which you require specific support. A			
C ☐ You are blind or have a serious visual i D ☐ You are deaf or have a serious hearing E ☐ You have a long standing illness or hea F ☐ You have a mental health condition, so G ☐ You have a specific learning difficulty so H ☐ You have physical impairment or mob I ☐ You have a disability, impairment or mob	mpairment uncorrected by glasses impairment alth condition such as cancer, HIV, diabetes, cl uch as depression, schizophrenia or anxiety d such as dyslexia, dyspraxia or AD(H)D dility issues, such as difficulty using your arms of medical condition that is not listed above (other	nronic heart disease, or epilepsy isorder or using a wheelchair or crutches	
C ☐ You are blind or have a serious visual i D ☐ You are deaf or have a serious hearing E ☐ You have a long standing illness or hea F ☐ You have a mental health condition, so G ☐ You have a specific learning difficulty so H ☐ You have physical impairment or mob I ☐ You have a disability, impairment or mob	mpairment uncorrected by glasses impairment alth condition such as cancer, HIV, diabetes, cl uch as depression, schizophrenia or anxiety d such as dyslexia, dyspraxia or AD(H)D dility issues, such as difficulty using your arms of medical condition that is not listed above (other	nronic heart disease, or epilepsy isorder or using a wheelchair or crutches	
C You are blind or have a serious visual i D You are deaf or have a serious hearing E You have a long standing illness or hear You have a mental health condition, so G You have a specific learning difficulty so H You have physical impairment or mob I You have a disability, impairment or mod J You have two or more impairments and	mpairment uncorrected by glasses impairment alth condition such as cancer, HIV, diabetes, cluch as depression, schizophrenia or anxiety disuch as dyslexia, dyspraxia or AD(H)D dility issues, such as difficulty using your arms of the dedical condition that is not listed above (other and/or disabling medical conditions (multiple)	nronic heart disease, or epilepsy isorder or using a wheelchair or crutches	
C You are blind or have a serious visual i D You are deaf or have a serious hearing E You have a long standing illness or hear You have a mental health condition, so G You have a specific learning difficulty so H You have physical impairment or mob I You have a disability, impairment or mod J You have two or more impairments and	mpairment uncorrected by glasses impairment alth condition such as cancer, HIV, diabetes, cluch as depression, schizophrenia or anxiety disuch as dyslexia, dyspraxia or AD(H)D dility issues, such as difficulty using your arms of the dedical condition that is not listed above (other and/or disabling medical conditions (multiple)	nronic heart disease, or epilepsy isorder or using a wheelchair or crutches	

G ABOUT KINGSTON UNIVERSITY		
How did you first hear about Kingston University?		
Study Abroad Fair: Website: (ple	ase specify)	
Teacher or friend: Other: (plea	ase specify)	
reaction mena.	ase speeny,	
H CHECKLIST		
I enclose the following materials: (please tick as appro	nriate)	
Official transcript	Transcript will be sent separately	
One reference	Reference will be sent separately	
Photocopy of biographic details of my passport	Supporting statement	
One passport-sized photo (head and shoulders only)	•	
For non-native speakers, a copy of my English Langu	age proficiency results	
I DECLARATION I declare that the information I have provided is correct		
Signature	Date	
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.		
Please send your completed application to:	Contact details:	
European and Study Abroad Officer (Inbound)	Direct line: +44 (0)20 8417 3650	
European and Study Abroad Office	E-mail: ESAO@kingston.ac.uk	
Kingston University	Fax: +44 (0)20 8417 3028	
River House (Swan Wing)		
53-57 High Street		
Kingston upon Thames		
KT1 1LQ UK		
OK		