

# Study Abroad Programme

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

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

B PROGRAMME OF STUDY AT KINGSTON
<b>Proposed Entry Date:</b>
<b>Study Period:</b> (please tick option) Academic Year 2011/12: <input type="checkbox"/> Spring 2012 only: <input type="checkbox"/> Fall 2011 only: <input type="checkbox"/>

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

<b>Please list any class(es) that you are/will be enrolled in that are not shown on your transcript at the time of application:</b>	
TITLE: GRADES:	CREDITS:
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<b>D</b>	<b>FINANCIAL SUPPORT</b>
<b>How will you be funding your studies?</b>	

<b>E</b>	<b>DISABILITY OR SPECIAL NEEDS</b>
<b>Please give details of any Special Needs, including any disability or medical condition for which you require specific support.</b>	
A <input type="checkbox"/> No disability B <input type="checkbox"/> You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder C <input type="checkbox"/> You are blind or have a serious visual impairment uncorrected by glasses D <input type="checkbox"/> You are deaf or have a serious hearing impairment E <input type="checkbox"/> You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy F <input type="checkbox"/> You have a mental health condition, such as depression, schizophrenia or anxiety disorder G <input type="checkbox"/> You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D H <input type="checkbox"/> You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches I <input type="checkbox"/> You have a disability, impairment or medical condition that is not listed above (other) J <input type="checkbox"/> You have two or more impairments and/or disabling medical conditions (multiple)	

<b>F</b>	<b>REFERENCES</b>	
<b>Please give the contact details of two referees, at least one of whom has taught you.</b>		
<b>Name including position:</b>	<b>Address:</b>	<b>Telephone/e-mail:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<b>H</b>	<b>CHECKLIST</b>
<b>I enclose the following materials:</b> <i>(please tick as appropriate)</i>	
<input type="checkbox"/> Official transcript	<input type="checkbox"/> Transcript will be sent separately
<input type="checkbox"/> Two references	<input type="checkbox"/> References 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	

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

<b>Please send your completed application to:</b> 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	<b>Contact details:</b> Direct line: +44 (0)20 8417 3650 E-mail: ESAO@kingston.ac.uk Fax: +44 (0)20 8417 3028
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