

#### DEPARTMENT OF EDUCATION AND PROFESSIONAL DEVELOPMENT

# **CONTINUING EDUCATION STUDENT**

# SHORT COURSE ENROLMENT FORM

Please complete ALL sections of the form in BLOCK CAPITALS

# PERSONAL DETAILS

Surname	Firs	t Name		Title
Date of Birth Sex	Nati	ionality		
Address				
	]	Postcode		
Tel (Home)		Tel (Work)		
Email				
PROGRAMME OF STUDY FOR	R WHICH YOU	WISH TO APPLY		
UCL Department/Institute				
Phonetics and Linguistics				
Title of course on which you wish to en	nrol and module coc	le (if applicable)		
Online Course in Relevance Theory an	d Pragmatics			
Title of undergraduate/graduate degree	, diploma, certificat	e of which course is part	(if applicable)	
N/a				
Departmental contact				
Name Stefanie Anyadi				
Tel 020 7679 7172 Email stefanie@ling.ucl.ac.uk				
Total fee	Start date		Finish date	
£500.00	November 2005		May 2006	
Credit				
If required, the Department will issue a	a certificate on succe	essful completion of the c	ourse.	
Do you wish to receive a certificate on successful completion of the course? Yes No No No Note: You must indicate now if you wish to claim the academic credit for your course or may want to do so in future.				
ENGLISH LANGUAGE				
Is English your first language?		Yes 🗆	No 🗆	
If no, please state in which language you have had the majority of your education				
Note: If your first language is not English, you will need to consult the department to which you are applying for further details of English proficiency requirements.				

## **PREVIOUS STUDY**

Have you studied in Higher Education before?	Yes 🗖	No 🗖
If yes, please state course(s) followed		
Have you attended a course at UCL before?	Yes 🗖	No 🗖
If yes, please state course(s) followed		
REASON FOR STUDY		
Why are you taking this course?		

General interest	
Personal development	
Professional development	
Credit for other studies	
Other ( <i>Please specify</i> )	

### KNOWLEDGE OF CONTINUING EDUCATION STUDENT SCHEME AT UCL

How did you hear about the course for which you are applying?		
UCL undergraduate/graduate prospectus		
Continuing Your Education at UCL brochure		
UCL website		
UCL staff		
UCL alumni		
Other ( <i>Please specify</i> )		

## FURTHER INFORMATION

Would you like to receive further information on courses at UCL?	Yes 🗖	No 🗖
If so, please state subject(s)		

## **ADDITIONAL INFORMATION**

Please use this space to provide any additional information that is relevant to your application

# APPLICANT SIGNATURE

To the best of my knowledge the information on this application is accurate and complete.		
Data Protection Act 1988: I agree to UCL processing personal data contained on this form or any other data which UCL may obtain from me or other people or organizations whilst I am applying for admission. I agree to the processing of such data for any purpose connected with my studies or my health and safety whilst on UCL premises or for any other legitimate purpose.		
Name:		
Signature Date		
DEPARTMENTAL SIGNATURE		
I confirm that the above applicant has been accepted as a Continuing Education Student.		
Name:		
Position:		
Signature Date		
EPD SIGNATURE		
I confirm that the above applicant is now enrolled as a Continuing Education Student.		
Name:		
Position:		
Signature Date		

Please return this form to Stefanie Anyadi

Dept of Phonetics and Linguistics, UCL, Gower Street, London WC1E 6BT, UK