



CONTINUING EDUCATION STUDENT

SHORT COURSE ENROLMENT FORM

Please complete ALL sections of the form in BLOCK CAPITALS

PERSONAL DETAILS

Surname	First Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Sex	Nationality	Do you require a visa? (3)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	<input type="text"/>
Tel (Home)	Tel (Work)
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

PROGRAMME OF STUDY FOR WHICH YOU WISH TO APPLY

UCL Department/Institute

<input type="text"/>

Title of course on which you wish to enrol and module code (if applicable)

<input type="text"/>

Title of undergraduate/graduate degree, diploma, certificate of which course is part (if applicable)

<input type="text"/>

Departmental contact

Name: Stefanie Anyadi	
Tel: +44 (0) 20 7679 7172	Email: s.anyadi@ucl.ac.uk

Total fee

<input type="text"/>

Start date

<input type="text"/>

Finish date

<input type="text"/>

Credit

Is the course credit bearing (eg a module from a modular masters programme)? (3)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes, do you wish to be awarded credit on successful completion of the course? (3) Yes No

If yes, please state how much credit the course is worth at masters level

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? (3) 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? (3) Yes No

If yes, please state course(s) followed

Have you attended a course at UCL before? (3) Yes No

If yes, please state course(s) followed

REASON FOR STUDY

Why are you taking this course? (3)

- | | |
|---------------------------------|--------------------------|
| General interest | <input type="checkbox"/> |
| Personal development | <input type="checkbox"/> |
| Professional development | <input type="checkbox"/> |
| Credit for other studies | <input type="checkbox"/> |
| 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? (3)

- | | |
|---|--------------------------|
| UCL undergraduate/graduate prospectus | <input type="checkbox"/> |
| UCL <i>Adult Learning & Professional Development</i> prospectus | <input type="checkbox"/> |
| UCL website | <input type="checkbox"/> |
| UCL staff | <input type="checkbox"/> |
| UCL alumni | <input type="checkbox"/> |
| Other (<i>Please specify</i>) | |

FURTHER INFORMATION

Would you like to receive further information on courses at UCL? (3) 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 1998: 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

CALT SIGNATURE

I confirm that the above applicant is now enrolled as a Continuing Education Student.

Name:

Position:

Signature Date

**Please return this form to your
departmental contact**

**Your departmental contact should then forward the signed form to;
Neil Rodger, CALT, UCL, 1-19 Torrington Place, London WC1E 6BT**