

You should return your application pack to your local education counsellor or directly to the INTO Admissions Office at least one month before your intended start date.

Please send to: INTO St George's, University of London Admissions, One Gloucester Place, Brighton, East Sussex, BN1 4AA, UK
T: +44 1273 876040 | F: +44 1273 328595 | Education counsellors: ukadmissions@into.uk.com | All other enquiries: ukes@into.uk.com

You can also apply online at www.intohigher.com/sgul/apply

Please use this code to apply for scholarships : UK0118

Education counsellor's stamp

Section 1 Student details (You must complete this section accurately otherwise your visa application may be affected)

Title (Mr/Mrs/Ms)	Do you have or are you applying for permanent residence in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family name	Are you a US citizen or a US permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other names	Do you have dual nationality status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> M <input type="checkbox"/> F Date of birth / / (dd/mm/yy) Current age	If yes , please provide full details	
What type of visa do you intend to apply for?	Permanent country of residence	
<input type="checkbox"/> Student Tier 4 visa <input type="checkbox"/> Student visitor visa <input type="checkbox"/> No visa	Student's home address (you must complete this accurately as it may affect your visa application)	
Name as written on passport	City	
Passport number	Postcode	Country
Nationality / citizenship	Student's telephone numbers in country of residence (inc. intl. code)	
	Tel	Mobile telephone
	Student's email address	

Section 2 Parent/Spouse/Family member and Sponsor details

Title (Mr/Mrs/Ms)	Postcode	Country
Family name	Telephone (inc. intl. code)	
Other names	Email address	
Relationship to student	How do you intend to fund your studies?	
Contact address	<input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Employer* <input type="checkbox"/> Sponsor*	
City	*Name of employer/sponsor:	

Section 3 INTO course selection

Academic programmes

International Foundation programme

☐ Medical, Biomedical and Health Sciences

Please specify start date

☐ Sep 2014 (3 term) ☐ Sep 2015 (3 term)

Proposed undergraduate programme (needs to be completed for visa purposes)

Do you intend to study an undergraduate programme after completing your INTO course(s)? ☐ Yes ☐ No

Proposed degree programme

Section 4 Student's education history

Please give details of your current or most recent school, college or university. Please ensure official institution transcripts, latest available results or forecast results are attached in English.

Institution name	Institution city/town	
Dates of study / / to / / (dd/mm/yy)	Postcode	Country
Date you received (or will receive) your certificate / / (dd/mm/yy)	Email address	
Highest educational qualification name	Have you ever studied in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language of instruction	If yes , please provide full details of study durations. Please also include a copy of your previous visa (must be completed for visa purposes).	
	From / / to / / (dd/mm/yy)	
	Have you ever been refused a visa for the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5 Current English language proficiency

Please tick and enter details of your most recent English language test.

Note: students will be assessed upon arrival and study plans WILL be altered if there is any discrepancy. Please provide a copy of your certificate.

☐ IELTS
 ☐ TOEFL
 ☐ PTE
 ☐ Other (please specify)

Have you arranged to take any other English language test(s) before starting your INTO course?

☐ Yes
 ☐ No

Name of exam

Date due to be taken / / (dd/mm/yy)

Section 6 Welfare

Do you have any medical conditions?

☐ Yes
 ☐ No

Completion and signing of this form gives INTO permission to administer first aid by trained staff first aiders if required.

Do you consider yourself to have a disability?

☐ Yes
 ☐ No

Have you been convicted of a relevant criminal offence?

☐ Yes
 ☐ No
If you have answered **yes** to any of the above, please provide full details with your application on a separate sheet.**Travel and medical insurance**

The full cost of Uniplan insurance will be added to the invoice unless proof of alternative adequate cover is attached.

Please state when you would like the insurance to start

Start date / / (dd/mm/yy) End date / / (dd/mm/yy)

☐ I have my own insurance and enclose a copy
Section 7 Accommodation options

INTO accommodation required?

☐ Yes
 ☐ No

Please indicate the building and room type you would prefer by ticking 2 boxes below to indicate your 1st and 2nd choice of accommodation.

Please note that INTO aims to provide the highest preference requested but, if this is not available, INTO reserves the right to provide or suggest alternative accommodation.

1st preference: 2nd preference:

Halls of residence

☐☐

Homestay

☐☐

Do you require homestay during the holiday periods?

☐ Yes
 ☐ No

Do you envisage that you will have any specific requirements in student accommodation as a result of a disability/medical condition?

☐ Yes
 ☐ No
Dietary requirements

Please give details of special dietary requirements e.g. halal, vegetarian, no pork, any food allergies.

Section 8 Airport pickupFlight details including arrival date and flight number should be emailed to ukarrival.details@into.uk.com as soon as possible. All under 18 students **must** either book an INTO airport pickup or provide evidence of alternative arrangements.

Do you require an airport pickup?

☐ London Heathrow (£130)

☐ London Gatwick (£150)

☐ London Stansted (£160)
Section 9 Declaration
☐ I declare that the information I have supplied on and with this form is complete and correct

☐ I have read and understood and agree to abide by the terms and conditions

☐ I agree to abide by the Cancellation and Refund Policy

☐ I agree to pay all tuition and accommodation and sundry expense fees as they become due

☐ I understand that the giving of false or incomplete information may lead to the refusal of my application or cancellation of my enrolment
Student records

I agree that copies of my academic progress and performance reports can be supplied to parents, sponsors or agents without further notification

☐ Yes
 ☐ No

I agree that my records and achievements may be used for promotional purposes, without further notification

☐ Yes
 ☐ No
Signed

Date / / (dd/mm/yy)

(Parent/guardian) For students under 18

Or**Signed**

Date / / (dd/mm/yy)

(Student)

INTO Giving Support our charityINTO Giving is our designated charity. It was established to help make a difference to the lives of young people in the developing world by improving their access to education. Each year our staff and students organise and participate in fundraising events. Before you arrive at the Centre you can support one of our educational projects by making a donation of £25. For every donation received INTO will donate a further £25 to INTO Giving. To find out more about INTO Giving please visit www.into-giving.com
☐ I confirm that I would like to make a donation of £25 to INTO Giving and agree for this donation to be added to my invoice / financial statement for payment