

Application form 1 of 2

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 Manchester 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/manchester/apply

Please use this code to apply 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)	Nationality /citizenship
Family name	Do you have or are you applying for permanent residence in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other names	Are you a US citizen or a US permanent resident? <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	Do you have dual nationality status? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of visa do you intend to apply for? <input type="checkbox"/> Student Tier 4 visa <input type="checkbox"/> Student visitor visa <input type="checkbox"/> No visa	If yes , please provide full details
Name as written on passport	Permanent country of residence
Passport number	Student's home address (you must complete this accurately as it may affect your visa application)
	City
	Postcode Country
	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

Humanities and Social Sciences

Please specify start date

- Jun 2014 (4 term) Sep 2014 (3 term Extended)
 Sep 2014 (3 term) Jan 2015 (2 term)

Engineering and Science

Please specify start date

- June 2014 (4 term) Sep 2014 (3 term)

Life Sciences

Please specify start date

- Sep 2014 (3 term)

Psychology

Please specify start date

- Sep 2014 (3 term)

Pharmacy

Please specify start date

- Sep 2014 (3 term)

Headstart International Foundation

Humanities and Social Sciences Science and Engineering Life Sciences

Pharmacy Psychology

Please specify start date

- Aug 2014 (3 term)

English Preparation for Foundation Students

Sep 2014 Jan 2015 Apr 2015 Jun 2015

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

Please specify number of terms of English

Proposed undergraduate or postgraduate programme (Needs to be completed for visa purposes)

Do you intend to study an undergraduate or postgraduate 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 _____

Dates of study / / to / / (dd/mm/yy) _____

Date you received (or will receive) your certificate / / (dd/mm/yy) _____

Highest educational qualification name _____

Language of instruction _____

Institution city/town _____

Postcode _____ Country _____

Email address _____

Have you ever studied in the UK? Yes No

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? Yes 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. For full details on insurance packages and prices see page 70 of the brochure.

Please specify what insurance package you would like. Standard Premium

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 3 boxes below to indicate your 1st, 2nd and 3rd 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:	3rd preference:
Halls of residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homestay - Superior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homestay - Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 pickup

Flight 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? (Manchester International Airport £40) Yes No

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 education counsellors 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 charity

INTO 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