



# University College London

## Application for Admission as an Affiliate Student

**PERSONAL DETAILS**

<p>1. Surname/Family Name (Block Capitals)</p> <input style="width: 100%;" type="text"/>	<p>2. First Names (Block Capitals)</p> <input style="width: 100%;" type="text"/>	<p>3. Title (Mr/Mrs etc.)</p> <input style="width: 100%;" type="text"/>																				
<p>4. Date of Birth      Day    Month    Year</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<p>5. Sex (✓)    Male    Female</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<p>6. Nationality</p> <input style="width: 100%;" type="text"/>														
<input type="checkbox"/>	<input type="checkbox"/>																					
<p>7. Country of Permanent Residence</p> <input style="width: 100%;" type="text"/>																						
<p>8. Home Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr> <td style="width: 70%;"></td> <td style="width: 30%;">Postcode/Zip</td> </tr> <tr> <td>Tel.</td> <td>Fax</td> </tr> <tr> <td colspan="2">E-mail</td> </tr> </table>					Postcode/Zip	Tel.	Fax	E-mail		<p>9. Correspondence Address (if different)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr> <td style="width: 70%;"></td> <td style="width: 30%;">Postcode/Zip</td> </tr> <tr> <td>Tel.</td> <td>Fax</td> </tr> <tr> <td colspan="2">E-mail</td> </tr> <tr> <td colspan="2">Date when Address Valid</td> </tr> </table>						Postcode/Zip	Tel.	Fax	E-mail		Date when Address Valid	
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**FOR OFFICE USE**

Applic. No. \_\_\_\_\_

Refs \_\_\_\_\_

Trans \_\_\_\_\_

H/O/E/X \_\_\_\_\_

JYA agreement \_\_\_\_\_

English Language Requirement \_\_\_\_\_

Y / N \_\_\_\_\_

Inits. \_\_\_\_\_

**PROGRAMME OF STUDY FOR WHICH YOU WISH TO APPLY**

10. Level of Study (✓)    Undergraduate     Graduate (taught)     **NOTE: Graduate Affiliate **Research** students should NOT use this form. They should use the (green) UCL graduate application form available on request from the International Office.**

11. Category of affiliate study (✓)    Category 1 (full-time)     Category 2 (part-time)

12a. UCL department to which you wish to be admitted

12b. Second (joint) department (please refer to UCL's *Study Abroad Guide* page 8)

13. Alternative UCL department(s) you wish to be considered for if your application to the department(s) shown above is unsuccessful

a)	b)
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14. Duration of Study (✓)    Full academic year     September to December only     January to June only

15. Proposed starting date    Month     Year

**FOR OFFICE USE. TO BE COMPLETED BY DEPARTMENTAL AFFILIATE TUTOR**

ACCEPT (✓)    Undergraduate     Graduate (taught)     Category 1     Category 2     Start date

Signature \_\_\_\_\_    Date \_\_\_\_\_    Department \_\_\_\_\_

Signature \_\_\_\_\_    Date \_\_\_\_\_    Department \_\_\_\_\_

**REJECT**

Signature \_\_\_\_\_    Date \_\_\_\_\_    Department \_\_\_\_\_

Signature \_\_\_\_\_    Date \_\_\_\_\_    Department \_\_\_\_\_

## EDUCATION

16. Please provide details of your education since the age of 18, starting with the most recent. Include details of qualifications to be awarded.

Name of College/University/Awarding Body	Start	End	Qualification	Class/grade of Degree or current GPA	Main/major subject(s) studied

## ENGLISH LANGUAGE

17. Is English your first language? (✓) Yes  No

If "No", detail the grade(s) achieved in the most recent English language test you have taken and/or any work experience or education that you have undertaken in English. A copy of the test certificate should be enclosed with this application or forwarded later.

## FUNDING

18. Who will be paying your tuition fees at UCL? If you are a sponsored student, please enter in the box below the name and address of the sponsor who will be responsible for paying your tuition fees. Please also indicate if the sponsor should be invoiced directly. If you are paying your own fees, please write 'SELF'.

## SUPPLEMENTARY INFORMATION

19. Please provide a preliminary selection of the individual courses you wish to take as part of your programme of study in the department(s) indicated overleaf. Acceptance on individual courses cannot be confirmed before arrival at UCL. For course descriptions please see the UCL *Study Abroad Guide*. Please indicate with an asterisk (\*) any courses you are **required** to take in order to get credit for your studies at your home institution.

Department	Code	Course title	Department	Code	Course title

## PERSONAL STATEMENT

20. **Please attach a separate sheet with a personal statement describing your academic interests and reasons for applying to UCL.**

21. **Criminal Convictions:** You are required to declare whether or not you have any criminal conviction(s). If you answer 'yes', you are required to provide further information about the relevant conviction(s). Please note that for the purposes of this exercise a criminal offence excludes minor motoring offences. All information will be treated as strictly confidential.

Do you have any criminal conviction? (✓)

Yes  No

## SUPPORTING DOCUMENTATION

Please return this form, together with your personal statement, TWO academic references, a transcript relating to your most recent studies, the disability and ethnic origin monitoring form and, where appropriate, an English language test certificate to:

**International Office**  
**University College London**  
**Gower Street, London, WC1E 6BT**  
**England, UK**

Do not return your application direct to any academic department.

## SIGNATURE OF APPLICANT

UCL's decisions are made in good faith on the basis that all of the information provided by applicants is accurate and complete. UCL reserves the right to refuse admission or to terminate a student's attendance, should it be discovered that he/she has made a false statement or has omitted significant information. Your signature confirms that to the best of your knowledge, the information on this application form is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# UNIVERSITY COLLEGE LONDON DISABILITY AND ETHNIC ORIGIN MONITORING FORM



Please note that this form will not be passed to any admissions tutor.  
UCL is required to supply the information to the Higher Education Statistics Agency.

If you have a disability that may require adjustments to be put in place, you must contact UCL's Disability Co-ordinator,  
telephone (voice or minicom): UK: 020 7679 1343; international: +44 20 7679 1343; fax: 020 7916 8530; e-mail: [disability@ucl.ac.uk](mailto:disability@ucl.ac.uk);  
address: Registrar's Division, UCL, Gower Street, London WC1E 6BT.

## SURNAME

## FIRST NAMES

### DISABILITY Please ( ) one box

- |   |  |
|---|--|
| 00 <input type="checkbox"/> No disability                               | 05 <input type="checkbox"/> Autistic Spectrum Disorder/Asperger Syndrome |
| 01 <input type="checkbox"/> Specific learning disability, e.g. Dyslexia | 06 <input type="checkbox"/> Mental health disability                     |
| 02 <input type="checkbox"/> Blind/partially sighted                     | 07 <input type="checkbox"/> Unseen disability, e.g. diabetes             |
| 03 <input type="checkbox"/> Deaf/hearing impairment                     | 08 <input type="checkbox"/> Multiple disabilities                        |
| 04 <input type="checkbox"/> Wheelchair user/mobility difficulty         | 09 <input type="checkbox"/> Other disability                             |

Are you currently or have you previously been in receipt of a UK disabled student's allowance? Please ( ) one box

- Yes       No

### ETHNICITY Please ( ) one box

- |  |   |
|--|---|
| 11 <input type="checkbox"/> White – British                      | 34 <input type="checkbox"/> Chinese                           |
| 12 <input type="checkbox"/> White – Irish                        | 39 <input type="checkbox"/> Other Asian background            |
| 19 <input type="checkbox"/> Other White background               | 41 <input type="checkbox"/> Mixed – White and Black Caribbean |
| 21 <input type="checkbox"/> Black or Black British – Caribbean   | 42 <input type="checkbox"/> Mixed – White and Black African   |
| 22 <input type="checkbox"/> Black or Black British – African     | 43 <input type="checkbox"/> Mixed – White and Asian           |
| 29 <input type="checkbox"/> Other Black background               | 49 <input type="checkbox"/> Other Mixed background            |
| 31 <input type="checkbox"/> Asian or Asian British – Indian      | 80 <input type="checkbox"/> Other Ethnic background           |
| 32 <input type="checkbox"/> Asian or Asian British – Pakistani   | 98 <input type="checkbox"/> Information refused               |
| 33 <input type="checkbox"/> Asian or Asian British – Bangladeshi |   |

Please return this form with the rest of your application to:

**INTERNATIONAL OFFICE, UCL, GOWER STREET, LONDON WC1E 6BT**