

7 References and transcripts

Your application will not be dealt with unless you give us a reference and an up-to-date transcript of your grades. Your reference should be written by someone who has taught you recently, or by an academic adviser at your current institution.

Please tick as appropriate:

I enclose my transcript with my application

or

My transcript will be sent separately

I enclose a reference

8 Disability and/or specific learning difficulties

Goldsmiths welcomes applications from students with disabilities and/or specific learning difficulties. If you indicate on this form that you have either or both of these we may send you a questionnaire asking for more information. The purpose of this is to establish whether or not you might need additional support whilst on your programme. Where possible we will do all that we can, in consultation with you, to accommodate your requirements, and will pass the information you provide to anyone in the College who needs it in order to ensure that this service can be provided. Please be assured that this will have no bearing on your academic assessment.

Please tick one or more of the following boxes if you consider yourself to have a disability and/or specific learning difficulty.

No known disability (00)

Dyslexia (01)

Blind / partially sighted (02)

Deaf / hearing impairment (03)

Wheelchair user / mobility (04)

Personal care support (05)

Mental health difficulties (06)

Unseen disability, eg diabetes, epilepsy (07)

Multiple disabilities (08)

A disability not listed (09)

Autistic Spectrum Disorder (10)

The Disability Co-ordinator [tel +44 (0)20 7717 2292, e-mail disability@gold.ac.uk] is available to discuss disability issues with applicants. Students and potential students providing disability information to the Disability Co-ordinator are able to specify that it should not be shared with other members of staff, although they should be aware that this may limit the support that can be provided. If you require any special arrangements, please give details here.

9 Next of kin and UK emergency contact

Next of kin
Address

Postcode/zip code

Home telephone

Mobile/Cell telephone

E-mail

UK emergency contact

You are responsible for satisfying yourself that your next of kin have given their consent to this information being given.

Address

Postcode/zip code

Telephone

Mobile/Cell telephone

E-mail

10 Fees

Please give the name and address of the person responsible for paying your tuition fees, etc. If you are personally responsible for them write 'self'.

11 Declaration YOU MUST READ AND SIGN THIS DECLARATION

I hereby certify that the information I have given on this form is correct and complete, and I agree that, if admitted to Goldsmiths I will abide by the Charter, Statutes, Ordinances and Regulations of the College. I have read and understood the instructions relating to the completion of this form, and have noted any details particular to the programme for which I am applying. I understand that:

- I may be asked to provide documentary evidence in support of any statement made on this form
- information I have given, or will give, in connection with this application, will be processed according to the Data Protection policy shown on the College's website at www.gold.ac.uk/data-protection designed to comply with current UK legislation
- that if offered a place I will be required as a condition of enrolment to acknowledge receipt of a statement (text available in advance from the College website at the URL above) informing me of the ways in which Goldsmiths routinely processes student data
- that the College is unable to accept liability for the suspension and/or cancellation of programmes and courses, although it will inform students of changes as soon as possible.

Applicant's signature

Date

Where did you hear about Goldsmiths?

For Office use:	Application received:	Student ID Number:	Deposit required?
Hall offered:			Yes <input type="checkbox"/> No <input type="checkbox"/>

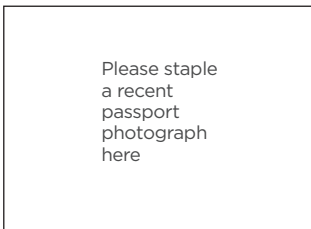
Study Abroad programme

Accommodation application 2012-13

Please complete and return this form **immediately** to:

International Partnerships and Developments Team,
Goldsmiths, University of London, New Cross, London SE14 6NW, UK

Or you can scan the completed form with a passport size photograph attached and e-mail to studyabroad@gold.ac.uk



Goldsmiths
UNIVERSITY OF LONDON

1 Personal details			
Family name		Forename	
Date of birth (day/month/year)	Title eg Miss, Mr	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality	Current country of residence		
Home contact details Address		Correspondence contact details Tell us immediately if these change Address	
Postcode/zip code		Postcode/zip code	
Mobile/Cell telephone	Home telephone (including country code)	Mobile/Cell telephone	Correspondence telephone (inc country code)
E-mail		E-mail	

Tick the name of university or agency through which you applied		Year of study in your current programme				
<input type="checkbox"/> Arcadia	<input type="checkbox"/> Muhlenberg	First <input type="checkbox"/>	Second <input type="checkbox"/>	Third <input type="checkbox"/>	Fourth <input type="checkbox"/>	
<input type="checkbox"/> CEA	<input type="checkbox"/> Northeastern	Level of study		I am		
<input type="checkbox"/> CIEE	<input type="checkbox"/> University of Pennsylvania	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	a Visiting Student <input type="checkbox"/>	an Exchange Student <input type="checkbox"/>	
<input type="checkbox"/> Denver	<input type="checkbox"/> St Norbert	Do you have a disability or medical condition which we should know about or which has specific accommodation requirements? If yes, please give details on the back of the application form			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Kalamazoo	Other (please state) <input type="text"/>					

Area preferences Please note: we cannot guarantee to accommodate your stated preferences	Period of study Tick the period of your proposed study
Would you prefer to live in an area which is:	<input type="checkbox"/> Full academic year 24 September 2012-14 June 2013
<input type="checkbox"/> Mixed sex	<input type="checkbox"/> Spring 7 January 2013-22 March 2013
<input type="checkbox"/> Single sex	<input type="checkbox"/> Autumn 24 September 2012-16 December 2012
<input type="checkbox"/> No Preference	<input type="checkbox"/> Spring and Summer 7 January 2013-14 June 2013
	<input type="checkbox"/> Autumn and Spring 24 September 2012-22 March 2013

Completion of this form does not guarantee you a place in Hall, nor the Hall of your choice. Under the terms of the accommodation agreement, acceptance of a Hall place is for the full period of your study. Refunds of deposits or fees may not be paid in the event of an early departure. Your signature indicates that you understand and agree to these conditions.	We will not retain your details longer than is prescribed by Goldsmiths, University of London.
The above information is true and correct. I understand that the personal data which I have provided on this form may be stored in paper and/or electronic form in accordance with Goldsmiths policies on Data Protection (available at www.gold.ac.uk/data-protection) and with the provisions of the Data Protection Act (1998). I also understand that under the Data Collection Notice Policy of Residences, Catering & Conference Services I accept the way in which my personal data is going to be handled as detailed at www.gold.ac.uk/accommodation .	Applicant's signature
	Date

Please state your disability

What are your specific requirements?

Please note that we will try to meet your requirements wherever possible but this cannot be guaranteed, especially for late applicants.

For Office use

Date

File note

Date

Date	File note	Date