# Intercollegiate Student Application Form

Please use BLOCK CAPITALS when completing the form.

All sections must be completed, with the exception of Section E, which is for SOAS or LSE students only.

| **Section A – Student Details** |
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| **Student Number:** | **Title:** |
| **First Name(s):** | **Surname:** |
| **Date of Birth:** | **Gender:** |
| **Nationality:** | **Do you have agreed reasonable adjustments in place?** Yes / No |
| **Term Time Address:****Post Code:** | **Home Address:****Post Code:** |
| **Telephone Number****Mobile:****Home:** | **Email Address****University:****Personal:** |

| **Section B – Module(s) to be studied at Goldsmiths** |
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| **Module Code** | **Full Title** | **Credits** | **Form of Assessment (e.g. exam, essay)** |
|  |  |  |  |
|  |  |  |  |
| **Goldsmiths Department Teaching Module:** | **Name of Tutor:** |
| **Start date of module:** | **End date of module:** |
| **Home Institution:** |
| **Degree Programme Title:** |

| **Section C – Fee and visa status** |
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| **Fee Status of Student (UK/EU or Overseas):** | **Year study commenced:** |
| **Does this student have a Tier 4 visa?** | **If yes, enter Tier 4 visa reference number:** |

| **Section D – Home college academic authorisation** Responsible member of staff (e.g. Head of Department) authorising the above named student to study at Goldsmiths. |
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| **Full name:** |
| **Job title:** | **Department:** |
| **Signature:** | **Date:** |

| **Section E – Home college administrative authorisation**For SOAS or LSE students only. Authorised Administrative Officer confirming that the home institution will meet tuition fee charges.  |
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| **Full name of authorising officer:** |
| **Job title:** | **Email:** |
| **Signature:** | **Date:** |

| **Section G – Goldsmiths academic department authorisation**Authorisation of responsible member of staff (e.g. Head of Department) accepting this student for intercollegiate studies.(To be signed only after completion of sections A, B, C & D. Section E must be completed for SOAS or LSE students only.) |
| --- |
| **Full Name:**  |
| **Job title:** | **Department:** |
| **Signature:** | **Date:** |

| **Assessments use only** |
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| **Assessments Signature:** | **Date:** |
| **Copy to Home Institution:** | **Copy to Intercollegiate student:** |