

Registration Form RACL Study Abroad Programme

Full Name (as appears on passport)		
Home Institution		
ID & Payment code (Webster Students ONLY)		
Current GPA		
Your semester at Regent's University London	Autumn 2013 <input type="checkbox"/>	Spring 2014 <input type="checkbox"/>
Length of Stay	One Semester <input type="checkbox"/>	Two Semesters <input type="checkbox"/>

Date of Birth	Day: _____ Month: _____ Year: _____	
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Country of Birth		
Country of Residence		
Nationality (eg, Canadian, US American, Italian etc; if you have dual nationality, state both)		
Passport number and expiry date		
Permanent Address Street: City: Postcode: Country:		
Email Address (please state an email address that you check regularly)		
Telephone Number (including country code)		

Course Registration

Number of classes you wish to take:

3 4 5 6

(Note: For the Fall and Spring semester students must register for a minimum of 12/maximum of 18 credit hours)

Please list **EIGHT** classes in order of preference. Your registration form will not be accepted unless all eight choices are listed. Please ensure you have checked the days/times to prevent timetable clashes.

Course Number	Course Title	Day / Time	REQUIRED FOR		
			Major	Gen Ed/ Core/Minor	Elective
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Academic
Advisor: _____

Advisor's Signature
and institution stamp: _____

Visa Status

I am a	<input type="checkbox"/> EU/EEA Citizen
	<input type="checkbox"/> Non – EU/EEA Citizen

Non EU/EEA Nationals Only

For non-EU/EEA Nationals there are two visa routes depending on the length of stay at Regent's University London:

1. **Student Visitor Route (Visa if applicable)** (for a course of less than 6 months)
2. **Tier 4 (General) Student Visa** (for a course of longer than 6 months or is you consider extending your stay)

In order to choose the correct visa route please consult the UK Boarder Agency's website www.ukba.homeoffice.gov.uk

I want to apply for a	<input type="checkbox"/> Student Visitor Route (Visa if applicable)
	<input type="checkbox"/> Tier 4 (General) Student Visa

Housing

I would like:

- ON CAMPUS
- OFF CAMPUS (please note that extra costs may be incurred for travel and subsistence)
- NOT REQUIRED

Please list your on-campus housing preference by indicating your first, second and third choice (You cannot be guaranteed a particular preference)

- Single
- Double
- Triple

Please indicate preferred roommate _____

Please indicate any other rooming requirements _____

CANCELLATION POLICY: Cancellations must be made in writing to James Barnes - barnesi@regents.ac.uk. In accordance with your home institution policy, FULL housing fees remain liable until and unless the space is re-sold: the later a cancellation is made the less likely you are to receive a refund.

Authorisation to release information to Parent or Guardian

I wish to authorize _____ who is my _____ (please indicate relationship) to be able to obtain information on by behalf from Regent's University. My parent/guardian may request information related to academic performance (including final grades), attendance, housing, student accounts, financial aid and registration.

Name:

Date:

Signature:

Health, Learning Support and Disability Declaration Form

Regent's University London welcomes students with disabilities and strongly encourages you to disclose any disability or medical condition which may have an impact on your studies. Declaring a disability will not affect your application but will help us put any individual arrangements or facilities in place for the start of your semester. Support is provided through the Disability Officer at Regent's University London.

Please tick the relevant box(es) below

- | | |
|---|---|
| <input type="checkbox"/> No disability | <input type="checkbox"/> Mental health condition (depression, schizophrenia) |
| <input type="checkbox"/> Social / Communication impairment (Autistic Spectrum Disorder / Asperger Syndrome) | <input type="checkbox"/> Learning difficulty (dyslexia, dyspraxia) |
| <input type="checkbox"/> Blind / visual impairment | <input type="checkbox"/> Physical impairment / mobility issues (Wheelchair user) |
| <input type="checkbox"/> Deaf / hearing impairment | <input type="checkbox"/> Other disability / impairment / medical condition (not listed) |
| <input type="checkbox"/> Long standing illness / health condition (cancer, diabetes) | |

Please indicate any additional support you may require:

Please indicate any health / medical conditions you think we should be aware of (such as severe allergies):

I agree that the information declared may be passed on to other relevant staff members at Regent's University London as necessary. This will enable them to liaise with your School to best support you in your studies.

I consent to the information given in this supplement being stored electronically within Regent's University London Student Records System. I understand that strict rules on security and confidentiality of data will be observed and the provisions of the Data Protection Act 1998 will apply on use of and access to information. This consent will cover the period of my studies at Regent's University London unless it is withdrawn by me in writing

I do not agree that this information is passed on to any other person

Name:

Date:

Signature:

Declaration

I, _____, confirm that the above information related to personal details, visa status, course choices, health, learning support and disability, as well as to housing, are correct and filled in to the best of my knowledge

Name:

Date:

Signature: