

STUDY ABROAD PROGRAMME

Fall 20
 Spring 20
 Summer 20

REGENT'S COLLEGE

Inner Circle
 Regent's Park
 London NW1 4NS
 Tel: 020 7487 7646

OFFICE USE ONLY

Date Entered
 Ref No

PLEASE PROVIDE AN ELECTRONIC COPY (JPEG) OF A PASSPORT SIZED PHOTO

PLEASE PRINT CLEARLY IN BLACK INK AND COMPLETE ALL SECTIONS

FULL NAME SEX
Last First Middle

CONTACT ADDRESS
 DATE OF BIRTH / /
Month Day Year

E-MAIL: CITIZENSHIP PASSPORT NO

PARENT OR GUARDIAN NAME

ADDRESS
 TELEPHONE NO:

HEALTH INSURANCE COMPANY POLICY NO:

STATUS: Sophomore / Junior / Senior CURRENT GPA

NAME OF US UNIVERSITY/COLLEGE ADVISER

COURSE REGISTRATION

Please indicate number of courses for which you wish to register

3

4

5

6

Note: You should register for a minimum of 15 / maximum of 18 credit hours

Then list 8 courses in order of preference (to allow for closed classes)

Check you have no timetable clashes and that you have prerequisites (if required)

Course No	Course Title	Day / Time	Credit Hours	REQUIRED FOR		
				Major	Gen Ed/ Core Curr	Elective

Home Campus Adviser's Signature Major/Minor

HOUSING APPLICATION - Please indicate with 1, 2 or 3 your preference for housing in priority order

ON CAMPUS OFF CAMPUS NOT REQUIRED Remember that you may incur additional food and transport costs with off-campus housing

SINGLE DOUBLE TRIPLE

Do you have a disability which you wish to disclose? If so, do you anticipate requiring accommodations?

Please indicate roommate preference (if mutually agreed)

Please indicate if you would like an international roommate (if possible) YES / NO

NOTE: You cannot be guaranteed a particular preference

STUDENT'S SIGNATURE DATE