

Office Ref:

**1. Which course and terms do you wish to study?** Please tick (✓) (Read the English Language or Summer School brochure to help you with this. **PLEASE REMEMBER, WE CANNOT TAKE COMPLETE BEGINNERS.**)

Terms: September–December  January–March  April–June

**Part-time** Please indicate which option numbers you would like, eg.  1,  5 Option numbers are listed in our brochure.

**Full-time** September–December (Term 1)  January–March (Term 2)  April–June (Term 3)

Start on Monday  /  /  and finish on  /  /

Number of weeks  (minimum of 4 each term)

**Summer School General English** July–August

Start on Monday  /  /  and finish on  /  /

Number of weeks  (minimum 2 weeks General English)

**Summer School Academic English** August. The dates for this course include all 4 weeks as shown in the brochure.

**2. Please write your name in full below**

First name(s):  Middle name(s) (if you have any):

Last name/surname/family name:

Mr  Mrs  Miss  Ms  Other

Day Month Year

Male  Female  Date of Birth  /  /

Country of Birth:  Nationality (passport):

Passport number:  First language/mother tongue:

**3. Address in your HOME country**

Address:

Telephone:  Fax:

Email:

**4. Address in Nottingham if you are already living here or a correspondence address in Nottingham**

Address:

Telephone:  Fax:

Email:

**5. Do you have any medical conditions or difficulties which may affect your studies/regular attendance?**

This information is not used to assess your ability to study the course, but enables us to ensure that correct support is available.

