



**Registration Form for Regent's American College London Study Abroad Programme**

**FILL OUT BY HAND AND FAX/EMAIL TO 617-327-9390 / [Chelsea@academicstudies.com](mailto:Chelsea@academicstudies.com)**

**You MUST go through the course approval process with your Academic Advisor  
BEFORE completing this form!**

**YOUR REGISTRATION WILL NOT BE PROCESSED UNLESS YOU COMPLETE ALL SECTIONS!**

SEMESTER OF STUDY:	Summer 20_____		
STATUS:	Sophomore	Junior	Senior
WEBSTER STUDENTS ONLY – WEBSTER ID:	N/A	PAYMENT CODE:	N/A
NAME OF HOME U.S. INSTITUTION:			CURRENT GPA:
SURNAME:	GIVEN NAMES:		
<i>Name must be written as it appears on your passport!</i>			
SEX:	M	F	DATE OF BIRTH: _____ Month - Day - Year
PASSPORT NO:	NATIONALITY:		
YOUR PERMANENT ADDRESS:			
CITY:	STATE:	ZIP:	
HEALTH INSURANCE COMPANY: <b>ACE American Insurance (provided by ASA)</b> POLICY NO: <b>GLMN00175584</b>			
PARENT/GUARDIAN NAME:	EMAIL ADDRESS:		
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE NUMBER:

**COURSE REGISTRATION**

**Circle the number of classes you wish to take: 1 2** (You must register for a min. of 3 / max. of 6 credit hours)

**List THREE classes in order of preference. Your registration form will not be accepted unless all 3 choices are listed. You MUST check the timetable BEFORE entering your courses, to prevent timetable clashes. You can find the timetable at [www.academicstudies.com](http://www.academicstudies.com) (follow the links to Course Offerings).**

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

ACADEMIC ADVISOR NAME & DEPARTMENT:  
ACADEMIC ADVISOR EMAIL ADDRESS:



### VISA OPTIONS

I am a: EU Citizen (NOTE: EU = European Union)  
Non – EU Citizen (NOTE: U.S. passport holders are non-EU citizens/nationals)

#### NON EU/EEA Nationals Only

For non-EU/EEA Nationals there are now two visa routes depending on the length of stay and the student's desire to work during their stay.

#### Student Visitor Route

The student visitor route is aimed at students who wish to undertake a short-term course of study of up to 6 months in the UK (you may NOT work, intern, or extend your stay) and who have no interest in the full student visa entitlements.

#### Tier 4 (General) Student Route

The Tier 4 route is for students who are planning to study in the UK for longer than 6 months, and for students staying for any length of time who want to work part-time, undertake a course-related work placement, or think they may decide – after entering the UK – that they wish to extend their stay.

For further information, please visit the United Kingdom Border Agency website: <http://www.ukba.homeoffice.gov.uk/studyingintheuk/>

**Please note:** Regent's College is not legally permitted to advise students on immigration matters.

I want to apply for a: Tier 4 (General) Student Visa  
Student Visitor Route (**ASA STUDENTS who are U.S. passport holders, please circle here**)

### HOUSING

I would like: ON CAMPUS (**ASA students, please circle here**)  
OFF CAMPUS (You may incur additional food and transport costs with off campus housing)

#### Please list your housing preference by indicating your 1st, 2nd & 3rd choice:

(You can not be guaranteed a particular preference)

Single Double Triple (**ASA students, mark Double as your 1<sup>st</sup> choice and Triple as 2<sup>nd</sup> choice**)

Please indicate roommate's name (if none, write "none"):

Please indicate any other rooming requirements (if none, write "none"):

**CANCELLATION POLICY:** Cancellations must be made in writing to James Barnes - [barnesj@regents.ac.uk](mailto:barnesj@regents.ac.uk). You remain liable for FULL housing fees until and unless the space is re-sold: the later a cancellation is made the less likely you are to receive a refund.

I agree to the terms and conditions of the housing cancellation policy, and confirm that all the information provided above is correct.

**STUDENT SIGNATURE:**

**DATE**

**Regent's American College London (RACL)**  
**Health, Medical and Disability Declaration Form**

Regent's College 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 at RACL. Support is provided through the Disability Officer at Regent's College.

**Please circle the relevant disabilities below**

- |  |  |
|--|--|
| No known disability  | Mental health condition (depression, schizophrenia)            |
| Social / Communication impairment (Autistic Spectrum Disorder / Asperger Syndrome) | Learning difficulty (dyslexia, dyspraxia)                      |
| Blind / visual impairment  | Physical impairment / mobility issues (Wheelchair user)        |
| Deaf / hearing impairment  | Other disability / impairment / medical condition (not listed) |
| Long standing illness / health condition (cancer, diabetes)                        | I do not wish to disclose any information                      |

**Please indicate any additional support you may require (if none, write "none"):**

Disability documentation enclosed

**Please indicate any health / medical conditions you think we should be aware of, such as allergies (if none, write "none"):**

**I agree that the information declared may be passed on to other relevant staff members at Regent's College 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 College 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 College unless it is withdrawn by me in writing.

**Name:**

**Date:**

**Signature:**

I do not agree that this information may be passed on to any other person.

**Name:**

**Date:**

**Signature:**

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