EXAMINATION REGISTRATION FORM FOR INTERCOLLEGIATE STUDENTS

ALL STUDENTS SHOULD READ THE NOTES AT THE END OF THIS FORM

PLEASE WRITE IN CAPITAL LETTERS

ACADEMIC SESSION: ______________

SECTION A: Personal Details

1. Surname (Mr/Mrs/Miss/Ms etc.): ____________________________________________

2. Other Names: _____________________________________________________________

3. Date of Birth: ______________________

4. Home College: ___________________________________________________________

5. Degree Programme (e.g. B.A. in History): __________________________________

6. Year of Study (e.g. 1) __________ Expected Completion Date: _________________

7. Fee Status at Home College: UK/EU or Overseas (please delete as applicable)

SECTION B: Contact Details

Contact Address while attending UCL:

Telephone no: ___________________________ E Mail: ____________________________

SECTION C: UCL Course Details

List clearly below the UCL courses in which you expect to be assessed in the current academic session.

<table>
<thead>
<tr>
<th>UCL Course Code</th>
<th>Course Title</th>
<th>Course Unit Value</th>
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SECTION D: Student’s Signature

I confirm that I have read and understood the notes overleaf and undertake to comply with the Regulations at UCL.

Student’s Signature ___________________________ Date ___________________________
AUTHORISATION

SECTION E: Name, signature and official stamp of appropriate authority at the student’s home college

I certify that the student named overleaf has been granted permission to study at UCL, and that this study will form part of his/her University of London Degree programme.

Name (Please print) ___________________________  Designation______________________________
Signature ___________________________________  Date___________________________________

Official Stamp of the home College:

SECTION F: Agreement by Teaching Department at UCL to accept the student

I certify that the student named overleaf has been granted permission to study at UCL.

Name (Please print) ___________________________  Department_______________________________
Signature_________________________________  Date______________________________

PLEASE RETURN THIS FORM TO: EXAMINATIONS SECTION (Room G6, South Wing), UNIVERSITY COLLEGE LONDON BY 2 OCTOBER

UCL EXAMS OFFICE USE ONLY: RECORD CREATED_______  CONFIRMED BY HOME COLLEGE_______

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NOTES FOR INTERCOLLEGIATE STUDENTS

1. This form must be completed to enable the UCL Registry to enter you for the appropriate examination(s).

2. In addition to completing this UCL registration form, it is your responsibility to ensure that you enter for your UCL examinations correctly with the Registry at your HOME COLLEGE. Failure to inform your home college of your courses at UCL may preclude you from sitting the examinations.

3. Information on Examination Dates and Candidate Numbers will be available in March.