

# INTERCOLLEGIATE APPLICATION AND ENROLMENT FORM FOR STUDY AT ROYAL HOLLOWAY COLLEGE

A student from another University of London College (referred to as the Home College) can register to complete a course(s) at Royal Holloway College as an intercollegiate student provided:

- They are currently registered for a University of London degree and the course(s) they wish to follow at Royal Holloway will form part of their degree programme.
- Permission for the student to attend a course at Royal Holloway is given by the appropriate academic and administrative authorities at their Home College.
- Permission for the student to attend the course(s) at Royal Holloway is given by the appropriate Academic Department at Royal Holloway .

Students wishing to register on a course at Royal Holloway must complete Sections A, B and C of this form and obtain the necessary signatures in Authorisation Section D, before returning the form to the Senior Faculty Administrator in the Academic Department at Royal Holloway which offers the course(s) that they wish to attend. The deadline for receipt of the Application Form to Royal Holloway is **30th September 2014 for Undergraduates** and **31st October 2014 for Postgraduates**. Please note it takes 4 to 6 weeks for the College to process Enrolment Forms and students will not receive access to College facilities until the form has been processed, it is therefore advised that forms should be submitted as soon as possible. Electronically scanned forms are accepted.

In addition to completing this Royal Holloway registration form, it is the student's responsibility to ensure that they enter for the Royal Holloway examination(s) correctly with the Registry at their **Home College**. Failure to inform their Home College of their courses at Royal Holloway may preclude them from sitting the examinations.

Students may only attend a course that they have been registered for. The continuance of the student on the course(s) and their intercollegiate membership of Royal Holloway is conditional upon their satisfactory academic performance and compliance with the regulations of Royal Holloway College.

PLEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS.

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_

All Forename(s): \_\_\_\_\_

## HOME COLLEGE & STUDY DETAILS - Section A

College of the University of London at which you are registered: (Home College) \_\_\_\_\_

Student ID Number at Home College: \_\_\_\_\_ Department in Home College: \_\_\_\_\_

Name of Tutor/Supervisor: \_\_\_\_\_ Programme of Study at Home College: (E.g. History) \_\_\_\_\_

Level of Study:  Bachelors (BSc/BA)  MSci  Masters (MSc/MA)  MPhil/PhD

Full Time/ Part Time: \_\_\_\_\_ Date of First Registration: \_\_\_\_\_

Year of Study:  1st Year  2nd Year  3rd Year  4th Year

College E-mail Address: \_\_\_\_\_

**Course(s) proposed to be taken at Royal Holloway:**

Course Code (e.g. HS3001)	Credit Value	Course Title

**PERSONAL & CONTACT DETAILS - Section B**

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(As on Passport)

**Disability:**

In order for the College to assess your current needs and the facilities it offers, please select as appropriate from the following list:

- |   |   |
|---|---|
| <input type="checkbox"/> No Disability  | <input type="checkbox"/> Specific Learning Difficulty |
| <input type="checkbox"/> Social/Communication Impairment e.g. Autism            | <input type="checkbox"/> Combination of Conditions    |
| <input type="checkbox"/> Visual Impairment                                      |   |
| <input type="checkbox"/> Serious Hearing Impairment                             |   |
| <input type="checkbox"/> Long Standing Illness/ Condition                       |   |
| <input type="checkbox"/> Mental Health Condition                                |   |
| <input type="checkbox"/> Physical Impairment<br>Including mobility difficulties | Please Specify: _____                                 |
| <input type="checkbox"/> Other Disability/Condition                             | Please Specify: _____                                 |

**Ethnicity:**

In order to assist with the College's commitment to equal opportunities, please tick ONE box which best describes your ethnic origin:

- |  |   |
|--|---|
| <input type="checkbox"/> White                             | <input type="checkbox"/> Asian / Asian British - Pakistani  |
| <input type="checkbox"/> White: British                    | <input type="checkbox"/> Asian / Asian British- Bangladeshi |
| <input type="checkbox"/> White: Irish                      | <input type="checkbox"/> Chinese                            |
| <input type="checkbox"/> White: Scottish                   | <input type="checkbox"/> Other Asian Background             |
| <input type="checkbox"/> Irish Traveller                   | <input type="checkbox"/> Mixed - White & Black Caribbean    |
| <input type="checkbox"/> White: Welsh                      | <input type="checkbox"/> Mixed- White & Black African       |
| <input type="checkbox"/> Other White Background            | <input type="checkbox"/> Mixed - White & Asian              |
| <input type="checkbox"/> Black / Black British - Caribbean | <input type="checkbox"/> Other Mixed Background             |
| <input type="checkbox"/> Black / Black British - African   | <input type="checkbox"/> Other Ethnic Background            |
| <input type="checkbox"/> Other Black Background            | <input type="checkbox"/> Information Refused                |
| <input type="checkbox"/> Asian / Asian British - Indian    |   |

**Contact Information:**

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Emergency Contact Details:**

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Family Name: \_\_\_\_\_

Relationship to Student:  
(e.g. Mother) \_\_\_\_\_

Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

**DECLARATION TO COMPLY WITH THE COLLEGE'S REGULATIONS - Section C**

I, the undersigned, declare to the best of my knowledge the information I have given is correct and I agree to abide by Royal Holloway College's rules, regulations and codes of practice as stated on the Regulations website. For more information please visit: [http://www.rhul.ac.uk/registry/enrolment/new\\_students/new\\_useofdata.html](http://www.rhul.ac.uk/registry/enrolment/new_students/new_useofdata.html)

**Communication** - I agree to ensure my address details are up-to-date during my period at Royal Holloway and for nine months afterwards, to allow Royal Holloway to send official documentation to me when required.

**Use of Data** - I agree to Royal Holloway, University of London processing personal data submitted in the sign-up process, or any other data that Royal Holloway may obtain from me. I agree to the processing of such data for any purposes connected with my studies or my health and safety, or for any other legitimate reason, including disclosure of data to third parties acting on behalf or delivering services to Royal Holloway (in accordance with the Data Protection Act 1998). I authorise Royal Holloway, University of London to issue my course results to my employer or sponsor if my employer or sponsor so requests. I agree to all my work written at this institution being processed and stored by any third party Plagiarism Detection Service as appointed by Royal Holloway. Some information will be returned to the Higher Education Statistics Agency (HESA, for use in statistical analysis), UKBA, government education departments, funding councils, National Student Survey and other authorised users of the data. Personal information will not be released in any other cases except where in the interest of health and safety or criminal investigation.

Date:  Name (Printed):

Signature:

## AUTHORISATION FROM HOME COLLEGE - Section D

### For completion by the Home College's Academic & Administrative Authorities

Please note both parts 1 and 2 must be completed and signed, even if the same individual is approving both parts.

1. Name and Signature of an appropriate academic authority at the Home College, authorising the student named overleaf to study at Royal Holloway as part of their University of London degree programme.

Name:	<input type="text"/>	Position:	<input type="text"/>
Date:	<input type="text"/>	Signature:	<input type="text"/>

2. Name, signature and College Stamp of an appropriate administrative authority at the Home College confirming that they will accept the charge (if any) as laid down by Royal Holloway in respect of the studies detailed. This section must be completed for all students, including those covered by bilateral teaching arrangements, although no charge will be made in such cases. The Home College must also indicate the tuition fee status for all students.

Fee Status of Student:     UK/EU     Overseas

Where applicable the fees will be calculated on an individual basis. However, the fee for 2013/14 for a Home (UK/EU ) student may be up to £1,125 per15 credit course and for an Overseas student may be up to £1,781 for a 15 credit course.

Name:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>		
College Stamp:	<input type="text"/>	Date:	<input type="text"/>

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## AUTHORISATION FROM ACADEMIC DEPARTMENT AT RHUL - Section E

Name and signature of Royal Holloway member of staff accepting this student for intercollegiate studies as detailed overleaf. **IMPORTANT: This Section should only be signed if all Sections A-D have been completed.**

Please note, by accepting this student onto a course at Royal Holloway the Department agrees to inform the Student Records Office if the student fails to attend teaching sessions or submit assessments.

Name:	<input type="text"/>	Department:	<input type="text"/>
Date:	<input type="text"/>	Signature:	<input type="text"/>

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### FOR ROYAL HOLLOWAY REGISTRY USE ONLY

Date Received:	<input type="text"/>	Signature of Receiving Officer:	<input type="text"/>
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