|  |  |
| --- | --- |
| **Intercollegiate Registration Form (IRF1) 2017-18** *For use by students of other University of London institutions wishing to register to take modules at King’s College London* | KingsLogoBlack |

**Application to register for modules at King’s College London**

**Please note**, you must have the approval of your Home Institution before submitting this form, otherwise you may be charged KCL fees.

|  |  |
| --- | --- |
| **Home Institution:** (UCL, SOAS etc) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname**: |  | **Forenames:** |  |
| Title: |  | Gender: |  |
| Date of Birth |  | Nationality: |  |

|  |  |
| --- | --- |
| Programme and Year of Study: |  |
| Student Number at Home Institution: |  |
| Local Postal Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: |  | Email: |  |

|  |  |
| --- | --- |
| **Fee Status** at Home Institution**:**  |  |

|  |
| --- |
| **I wish to register for the following modules: (PLEASE COMPLETE ALL FIELDS)**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **King’s Module Code**(eg 5AAH2013) | **Module Title** | **King’s Dept****(eg English)** | **Credit Value**  | **Period** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Approval of Home Institution**

I confirm that this student has our approval to undertake the modules listed above at King’s College London.

Name:……………………………………………………………….. Date: …………………………..

Signature:…………………………………………………………….

**Please email or submit the completed Word Document form to the KCL Department as instructed by them**. Failure to submit this form by early October may result in you not being allocated a seat in the examination, or not being allowed access to KCL facilities. Where modules are being selected from more than one King’s department, approval will be required from each of these departments

**King’s College London Acceptance:**

|  |  |
| --- | --- |
| **Department 1:**  |  |
| Name | Date |
|  |  |
| **Department 2:**  |  |
| Name | Date |
|  |  |
| **Department 3:**  |  |
| Name | Date |
|  |  |