**School of Physics and Astronomy**

PEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS.

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| --- | --- |
| **Home Institution:** |   |
| Department/School: |   |
| Level of study (please circle): | UG/PG |
| Forename: |   |
| Surname: |   |
| Gender: |  |
| Date of Birth: |  |
| Telephone: |   |
| College Email: |   |
| Fee Status (please circle): | Home/EU/Overseas (if overseas, which visa?): |

|  |
| --- |
| **Courses to be registered for at QMUL:**  |
| **QMUL Module Code** | **Module Title** | **Module Value** | **Semester (A or B)** |
| SPA |   | 15 |   |
| SPA |   | 15 |   |
| SPA |   | 15 |   |
| SPA |   | 15 |   |

*(Module codes end in U if you are UG or P if you are PG i.e. SPA7001****U*** *or SPA7001****P****)*

|  |  |  |
| --- | --- | --- |
| **Home Advisor** | **Signature** | **Contact Details** |
|   |    | Telephone: |
| Email: |
|  |  |  |  |
|  |  |  |

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE CLOSING DATE FOR RECEIPT OF THIS FORM FOR SEMESTER A MODULES IS FRIDAY 9th OCTOBER 2020**

**THE CLOSING DATE FOR RECEIPT OF THIS FORM FOR SEMESTER B MODULES IS FRIDAY 29th JANUARY 2021**

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**QMUL AUTHORISATION:**

QMUL Intercollegiate Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date sent to Registry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_