

Please use CAPITAL LETTERS PERSONAL DETAILS:	PAYMENT DETAILS Please send a deposit with this ap fees. We are unable to confirm yo		
Family name:			accommodation until we receive t
First name:			payable with this application. Thi at least 3 weeks before the semes
Sex: Mother tongue:		Date of birth:	semester you need to send the fu
Home address:			PAYMENTS
			Registration fee
Telephone:	Fax:		Tuition/Accommodation Deposit
			METHODS OF PAYMENT Please 🗸
Name and address for accounts (i	Credit Card Payment Visa Please note that a surcharge of 2% will be n		
	· · ·		Debit Card Payment Delta
How did you hear about St Clare's	s? Please 🗸 one box.		Card number
Ex Student (Name)			Expiry date
Friend (Name)			Cardholder's name:
			Cardholder's signature:
Institution (Name)			PAYMENT OF FULL FEES
			If you have paid your deposit by c
Internet search site (Name)	. <u> </u>		by credit/debit card, 3 weeks befo charge my credit/debit card for th
Other (Name)			date
			All applicants need to sign the sta
ACCOMMODATION: Please enter: box for no accommodation requi	•	or your second choice or $\checkmark$ the	I/we have read the St Clare's

Twin Superior (private bathroom) meals included Twin Standard (shared bathroom) meals included Twin Superior (private bathroom) meals **NOT** included Twin Superior (private bathroom) meals NOT included

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	rivgianne A	

pplication form. You will be invoiced for the balance of the our reservation on the programme or in our the appropriate deposits. A registration fee of £100 is is is non-refundable. The balance of the fees must be paid ster starts. If applying 5 weeks or less before the start of the Ill fees.

Registration fee	£100	TOTAL			
Tuition/Accommodation Deposit	£500	£600	1		

## the appropriate box

Credit Card Payme Please note that a surch		Visa 2% will be		sterCa or credi		JCB paymen	ts ab	ove £	1000(	one t	hous	and p	ounds	)	
Debit Card Payme	nt	Delta	Ма	estro				Solo	)						
Card number															
Expiry date						Secu	rity	code	e						
Cardholder's name:															
Cardholder's signa	ature:										D	ate:			

redit/debit card then you may also pay the balance of fees pre arrival. If you wish to do so please 🗸 the box. Please ne balance of my fees 3 weeks before the course starting

## atement below:

s Terms & Conditions relating to fees, the brochure and additional information supplied and, if accepted onto the St. Clare's Liberal Arts Programme, agree to abide by the conditions and to pay the fees as specified therein.

Signature of applicant: \_\_\_\_\_\_ date: \_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ date: \_\_\_\_\_ date: \_\_\_\_\_ (if responsible for payment of fees)

## EDUCATIONAL DETAILS:

EDUCATIONAL DETAILS: Name of present university or college:	Academic Statement for university/college students only
Person in charge of study abroad programmes:	To the applicant's Academic Advisor or Study Abroad Co- ordinator, please endorse the following statement:
Name of academic advisor:	ordinator, please endorse the following statement.
What is your declared / intended major:	l hereby certify that the applicant is a student in good standing and the courses chosen for credit form a satisfactory programme of study.
Educational level at proposed time of entry to St. Clare's (e.g sophomore, junior, senior):	
MONITORED INTERNSHIPS ONLY:	Signature:
Primary Secondary	Please PRINT name:
	Date:
It is your responsibility to ensure that you have the following and are able to give us copies should we need them:	
Police Check Full Visa	You are asked to supply the following with this
COURSE CHOICES	application form:
Please list below:	A full transcript of courses taken to date, with grades and grade point average
	2 A written reference from a professor or instructor who knows you well
	3 A personal essay (500-1000 words)
	4 A signature from the appropriate authority on the Academic Statement section of this form
EMERGENCY CONTACT DETAILS Please provide details of the person that you would like us to contact in case of emergency.	5 Your registration Fee and Deposit
Name of contact Relationship to applicant	6 One recent digital photograph (email in jpeg format)
Home phone number	TEL +44 1865 517706
Work phone number	FAX +44 1865 553751
Cell phone number	Email <u>lib-arts@stclares.ac.uk</u> Website: www.stclares.ac.uk/liberalarts
Social Security Number	