

University of the Arts London
– a creative constellation

Camberwell College of Arts
Central Saint Martins College
of Art and Design
Chelsea College of Art and Design
London College of Communication
London College of Fashion
Wimbledon College of Art

www.arts.ac.uk



This form should not be completed by UK/EU nationals who are ordinarily resident in the EEA

Course Applied For (please use block capitals)

First choice course (including pathway, if relevant)		
College	Starting date of course	MM YY
Second choice course (including pathway, if relevant)		
College	Starting date of course	MM YY

Personal Details

Family name		Forenames		
Date of birth	Age	Title	Other	male / female
DD MM YY		Mr Miss Mrs		
Nationality	Country of permanent residence			
Permanent home address		Correspondence address (if different)		
Telephone number		Telephone number		
Fax number		Mobile number		
Email		Email		

International Application for Admission to a Full-time Course
Further Education / Undergraduate Courses

Educational Background

Please add details of your educational background. State the schools you have attended and qualifications you have achieved. Please send a certified copy of your academic transcripts/ certificates with an official translation, if necessary, with this application.

Period of study (from-to)	Name of School/Institution	Qualification and Course title	Grade achieved (or predicted grade)

Details of Relevant Employment

Please provide details of any relevant employment.

Period of employment (from-to)	Name of Employer/Institution	Position held/Job title and responsibilities

English Language Proficiency

If English is not your first language, please detail any qualifications you hold or for which you are studying, the dates of any examinations and the grades achieved. You should also provide a certified copy of your English language certificate. (IELTS, TOEFL etc.)

Dates	Qualification	Grade achieved
Further details		

Disability

Learning Difficulty

If you answer yes, please tick the relevant box to indicate the type of disability. You will not be disadvantaged by ticking any box

Do you regard yourself as disabled according to the Disability Discrimination Act 1995? yes / no	Do you have a learning difficulty? yes / no
<p>01 <input type="checkbox"/> Dyslexia</p> <p>02 <input type="checkbox"/> Blind/Partially Sighted</p> <p>03 <input type="checkbox"/> Deaf/Hearing Impairment</p> <p>04 <input type="checkbox"/> Wheelchair User / Mobility Difficulties</p> <p>05 <input type="checkbox"/> Personal Care Support</p> <p>06 <input type="checkbox"/> Mental Health Difficulties</p> <p>07 <input type="checkbox"/> Unseen Disability e.g. Diabetes, Epilepsy, Asthma</p> <p>08 <input type="checkbox"/> Multiple Disabilities</p> <p>10 <input type="checkbox"/> Autistic Spectrum Disorder e.g. Aspergers Syndrome</p> <p>09 <input type="checkbox"/> Other (please specify)</p> <p>_____</p>	<p>01 <input type="checkbox"/> Moderate learning difficulty</p> <p>02 <input type="checkbox"/> Severe learning difficulty</p> <p>10 <input type="checkbox"/> Dyslexia</p> <p>11 <input type="checkbox"/> Dyscalculia</p> <p>90 <input type="checkbox"/> Multiple learning difficulties</p> <p>19 <input type="checkbox"/> Specific learning difficulty</p> <p>97 <input type="checkbox"/> Other (please specify)</p> <p>_____</p>

Applicant Checklist

- All sections have been completed
- A certified copy of your academic transcripts is enclosed
- Portfolio enclosed (if necessary)
- IELTS/TOEFL language certificate enclosed (If necessary)
- Supporting statement enclosed
- Additional information required for certain courses (please check prospectus for details)

How did you hear about us?

- | | | |
|--|--|---|
| 01 <input type="checkbox"/> An advertisement in my country | 04 <input type="checkbox"/> Website of agent in my country | 07 <input type="checkbox"/> An education fair in my country |
| 02 <input type="checkbox"/> Our website www.arts.ac.uk | 05 <input type="checkbox"/> A workshop or visit to my school | 08 <input type="checkbox"/> From a friend |
| 03 <input type="checkbox"/> A story in a magazine or newspaper | 06 <input type="checkbox"/> By reputation | 09 <input type="checkbox"/> Other |

Declaration

I declare that the information on this form is accurate and I agree to abide by the rules and requirements of the University. I hereby give my permission for the University of the Arts London to disclose any enrolment or offer information as a result of this application to relevant government agencies upon their request.

Signature of applicant _____	Date _____
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Please send your application and all your application materials to your first choice college at the address shown below. If you are sending a portfolio with your application please do not send original work.

*** Camberwell College of Arts**

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Peckham Road
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F +44 (0)207 514 6310
E international@camberwell.arts.ac.uk

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*** London College of Communication**

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*** London College of Fashion**

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The University of the Arts London has representative offices in many countries around the world. To find out if we have a representative in your country please go to www.arts.ac.uk/international or call +44 (0) 207 514 8522