



Attach six passport-sized photographs to this space. Be sure to print and sign your name on the back of each photo.

interstudy IRELAND AND BRITAIN APPLICATION FORM

applicant's full name (please print clearly)

leave blank

Part A

THE GENERAL FORM

\$35 Application Fee: Please either enclose a check made payable to interstudy, complete the credit card details below or visit www.interstudy.org to pay on-line.

Mastercard or VISA only:

Account No: Expiration Date:



Cardholder's Name:

Year of Enrollment Period Fall Spring Full-Year Winter Semester (Goldsmiths only)

Program Choice Preference, ... highest 1 to lowest 4

- | | | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Goldsmiths | <input type="checkbox"/> King's | <input type="checkbox"/> Limerick | <input type="checkbox"/> Maynooth | <input type="checkbox"/> Queen's Belfast |
| <input type="checkbox"/> Queen Mary | <input type="checkbox"/> St Andrews | <input type="checkbox"/> Swansea | <input type="checkbox"/> Warwick | <input type="checkbox"/> Westminster |
| | | | | <input type="checkbox"/> Trinity |

Check for more information on Early Start Courses: Cork Queen's Belfast Swansea

Personal File Data | PLEASE PRINT CLEARLY

name last first middle
 preferred name/nickname birthdate (day/month/year) age
 female male () social security number

College or Temporary Mailing Address

number/street/box city
 state zip country date from: to:
 tel (cell) tel (campus)
 your email (all interstudy correspondence will be sent to this address)

Permanent Address

number/street/box city
 state zip country
 father/guardian name: mother/guardian name:
 resides at above address? Yes No resides at above address? Yes No
 home phone: home phone:
 work phone: work phone:
 cell phone: cell phone:
 email address: email address:

How did you hear about interstudy? interstudy website Adviser Alumni Study Abroad Fair
 studyabroad.com go abroad.com Friend Other



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Part B

COURSE REQUEST FORM

Course Pre Selection

For your 1st choice host university in **Part A**, select eight (8) courses in order of preference (highest **1** to lowest **8**) and enter them below using full departmental/course codes and course titles. Please refer to the individual program sections of the **interstudy** website for detailed instructions on how to select courses. If listing more than eight courses, use the **Additional Information** space provided at bottom of page

If you are applying under the 'Two-Campus Option' please use the grids corresponding to your preferences. Courses can be changed during the PreRegistration period.

1st Choice Host University enter name here

Fall enter course code and title below:

1	dept code	course code	course title
2	dept code	course code	course title
3	dept code	course code	course title
4	dept code	course code	course title
5	dept code	course code	course title
6	dept code	course code	course title
7	dept code	course code	course title
8	dept code	course code	course title

Spring enter course code and title below:

1	dept code	course code	course title
2	dept code	course code	course title
3	dept code	course code	course title
4	dept code	course code	course title
5	dept code	course code	course title
6	dept code	course code	course title
7	dept code	course code	course title
8	dept code	course code	course title

Special course or other academic requirements, including additional courses for your selected host university, should be detailed here. Be sure to highlight any specific course(s) you must take in fulfilment of Major, Minor or General Degree requirements.

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.....

continued overleaf...



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leave blank

Part C1

GENERAL RECOMMENDATION FORM

Applicant Details (applicant to complete)

name		
year	major	email

Applicant Waiver (US applicants only)

Consistent with the provisions of the Family Education Rights and Privacy Act 1974, currently in force in the USA, interstudy undertakes to uphold your right of access to this Academic Recommendation Form when submitted. However, under the Act you may elect to waive your right of access and by doing so to render this a **confidential** recommendation. If you decide to waive your right of access please signify by signing the following waiver.

"I understand that the completed recommendation below will be used solely for the purpose of my application to interstudy and on that understanding I hereby waive my right of access to it."

applicant's signature
date

Applicant Instructions This section **Form C1** should be completed by a faculty member or academic adviser familiar with your general academic performance.

Recommendation Instructions The above student has made application for admission to an interstudy Program in Britain or Ireland. All applications must be supported by two recommendations. **Form C1** must be furnished by a faculty member or adviser familiar with the candidate's general academic performance and **Form C2** must be completed by a faculty member in the candidate's major subject area. Recommendations must be typed on University or College letterhead. Having regard to the above **Applicant Waiver**, the Program Selection Committee would welcome below an assessment of the student's academic and other qualifications, as well as suitability for a program of full-time degree-level study in Britain or Ireland. This completed **Academic Recommendation Form C1**, signed and dated as requested, should be mailed or faxed to the interstudy Admissions office (see reverse for contact details).

name	
title	
institution	
department	
address	
tel	fax
email	
signature	date

interstudy IRELAND AND BRITAIN
APPLICATION FORM



applicant's full name (please print clearly)

leave blank

Part C1

GENERAL RECOMMENDATION FORM

Note: Recommendations must be submitted on university or college letterhead.

This completed **Academic Recommendation Form C1**
should be mailed or faxed to:

Admissions Office
interstudy **USA**
63 Edward Street
Medford MA 02155-6653
USA

Fax 781.391.7463
Toll-Free 800.663.1999
email studyabroad@interstudy.org

For detailed information about application and admissions see the relevant pages of the current catalog
or visit www.interstudy.org



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applicant's full name (please print clearly)

leave blank

Part C2

MAJOR ACADEMIC RECOMMENDATION FORM

Applicant Details (applicant to complete)

name		
year	major	email

Applicant Waiver (US applicants only)

Consistent with the provisions of the Family Education Rights and Privacy Act 1974, currently in force in the USA, interstudy undertakes to uphold your right of access to this Academic Recommendation Form when submitted. However, under the Act you may elect to waive your right of access and by doing so to render this a **confidential** recommendation. If you decide to waive your right of access please signify by signing the following waiver.

"I understand that the completed recommendation below will be used solely for the purpose of my application to interstudy and on that understanding I hereby waive my right of access to it."

applicant's signature

date

Applicant Instructions This section Form C2 should be completed by a faculty member in your major subject area

Recommendation Instructions The above student has made application for admission to an interstudy Program in Britain or Ireland. All applications must be supported by two recommendations. **Form C1** must be furnished by a faculty member or adviser familiar with the candidate's general academic performance and **Form C2** must be completed by a faculty member in the candidate's major subject area. Recommendations must be typed on University or College letterhead. Having regard to the above **Applicant Waiver**, the Program Selection Committee would welcome below an assessment of the student's academic and other qualifications, as well as suitability for a program of full-time degree-level study in Britain or Ireland. This completed **Academic Recommendation Form C2**, signed and dated as requested, should be mailed or faxed to the interstudy Admissions office (see reverse for contact details).

name	
title	
institution	
department	
address	
tel	fax
email	
signature	date

interstudy IRELAND AND BRITAIN
APPLICATION FORM



applicant's full name (please print clearly)

leave blank

Part C2

MAJOR ACADEMIC RECOMMENDATION FORM

Note: Recommendations must be submitted on university or college letterhead.

This completed **Academic Recommendation Form C2**
should be mailed or faxed to:

Admissions Office
interstudy **USA**
63 Edward Street
Medford MA 02155-6653
USA

Fax 781.391.7463
Toll-Free 800.663.1999
email studyabroad@interstudy.org

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or visit www.interstudy.org