



an Associate College of



Application form

Please print in BLOCK LETTERS

(1) Personal

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Family name:	First name(s):
Previous family name: (if applicable)	
Date of birth: DAY / MONTH / YEAR	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student address:	
Postcode:	Country:
Home telephone:	Mobile telephone:
Country of birth:	Skype ID:
Email:	
Country of passport held:	Passport number:

(2) Pathway area selection

Undergraduate Pathway Areas		Postgraduate Pathway Areas
<input type="checkbox"/> Stage 1: University Foundation	<input type="checkbox"/> Stage 2: First Year Degree	<input type="checkbox"/> Stage 1: Pre-Master's
<input type="checkbox"/> Accounting and Finance <input type="checkbox"/> Business <input type="checkbox"/> Computing <input type="checkbox"/> Creative Technologies <input type="checkbox"/> Engineering <input type="checkbox"/> Hospitality Management <input type="checkbox"/> Law <input type="checkbox"/> Mathematics <input type="checkbox"/> Science	<input type="checkbox"/> Accounting and Finance <input type="checkbox"/> Business <input type="checkbox"/> Engineering <input type="checkbox"/> Hospitality Management	<input type="checkbox"/> Business <input type="checkbox"/> Finance <input type="checkbox"/> Logistics and Supply Chain Management <input type="checkbox"/> Social Science
Year of entry:	Month of entry: <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> June	

(This section must be completed, including desired major/specialisation, where relevant)

Your chosen degree:

(3) Education details

Prior education – highest level achieved

Name of qualification (eg. 'A' Levels, Year 12, Bachelor's):	Name of institution attended:	Grades (itemise individual subject grades):	Date of completion:

(4) English proficiency

Please provide details of your English language qualification.

IELTS (Score):
PTE Academic (Score):
Other ('O' Levels, Cambridge):

You must submit full academic transcripts/certificates and proof of English proficiency so that we can assess your eligibility for your selected study pathway.
If these documents are not submitted with this form, we will not be able to process your application.

(5) Have you studied previously in the UK?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
From: DAY / MONTH / YEAR	To: DAY / MONTH / YEAR
Name of school/university:	

(6) Disabilities/Special Needs

Please indicate in the next column whether or not you will need any additional support or facilities. We will pass this information on to our Student Services team who will liaise with you to support you through the admission process and determine whether we and the university can meet your study needs.

(8) Application checklist and declaration

We require the following section to be completed in order to process your application.

Check that you have: <input type="checkbox"/> Completed all sections of the application form <input type="checkbox"/> Read and understood the Conditions of Enrolment, including the Payment and Refund Policy within the brochure or on the website	Check that you have attached: <input type="checkbox"/> Certified copies of your academic transcripts <input type="checkbox"/> Evidence of your English language ability if applicable <input type="checkbox"/> A copy of your passport and/or visa
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I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that the giving of false or incomplete information may lead to the refusal of my application or cancellation of enrolment. I give permission for ICP to obtain official records from any educational institution that I have attended. I also authorise ICP to supply any relevant official records to educational institutions to which I am seeking admission, to government bodies and to parents/sponsors if required. I understand that Course Fees are subject to review; I accept the conditions as laid out in the ICP Payment and Refund Policy and accept liability for the payment of all Course Fees as outlined within. I understand that living expenses in the United Kingdom may be higher than in my own country and confirm that I am able to meet those costs. I hereby consent to ICP disclosing my personal information to third parties in the manner set out in ICP's Privacy Policy, which includes:

- Disclosure to ICP representatives (agents) acting on my behalf;
- Disclosure to University of Portsmouth to facilitate progression from ICP to the next stage of my studies;
- Disclosure to Navitas Ltd and its affiliates for the purpose of communication with regarding pathways and services offered by Navitas Ltd and its related companies.

Tick this box if you do not wish to receive information via SMS about your offer. ☐

Signature:	Date: DAY / MONTH / YEAR
Parent/Guardian signature: (if applicant is under 18 years of age)	Date: DAY / MONTH / YEAR

Office use only

Offer Details – Admission Office

Send your application to

ICP
St. Andrews Court
University of Portsmouth
St. Michael's Road
Hampshire PO1 2PR
United Kingdom

E admission@icp.port.ac.uk

Disabilities/Special Needs continued

<input type="checkbox"/> I have no known learning/physical disability
<input type="checkbox"/> I have a specific learning/physical disability
Please give further details below and if necessary attach further information to this form.

(7) Other information

How did you hear about ICP? You may tick more than one box.

<input type="checkbox"/> Exhibition/seminar
<input type="checkbox"/> Internet
<input type="checkbox"/> Newspaper/magazine advertisement
<input type="checkbox"/> British Council
<input type="checkbox"/> Recommended by an ICP representative (agent)
<input type="checkbox"/> Recommended by a friend or relative
Is your friend/relative an ICP student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other

Agent contact details

Agency name: Student Connection International
Agent Office Code:
Email: student.cnintl@gmail.com
Branch Office: Dhaka

A.E.Q. Siddique
Managing Partner
Student Connection International

