

Registration Form - Collaborative Partners

Section 1

Personal details (Please use BLOCK CAPITALS)

Full Legal Name

Title Mr Mrs Miss Ms Dr.

Last name (Family name)

First name/s (Given name/s)

Note: Please print your full legal name (as it appears on your passport and / or other legal documents) in block capitals.

Gender Male Female Date of birth:

d d m m y y y y

Address

Email

Nationality Country of birth

Institution

Campus (if applicable)

Start date Mode of study Part-time Full-time

d d m m y y y y

Programme / course

Are you a direct entrant? **refer to footnote* Yes No

If yes, which year are you entering? 1st 2nd 3rd

Tick this box to confirm that you agree with the following statement:

'I understand that I am a registered student with the above named Institution and with the University of Hertfordshire for the duration of the above programme of study. As a registered student and Member of the University of Hertfordshire, I agree to abide by University regulations.'

(It is a condition of Membership that you agree to comply with, and be bound by, the University of Hertfordshire's institutional policies, procedures and regulations (UPRs) in force from time to time. The current version of the UPRs can be found at [HYPERLINK "http://www.herts.ac.uk/upr"](http://www.herts.ac.uk/upr) www.herts.ac.uk/upr. Information about Membership of the University of Hertfordshire can be found at <http://sitem.herts.ac.uk/secreg/upr/GV06.htm>)

Student signature

Date

** If you are entering the programme at a year other than the 1st year (e.g. you will be enrolling on the 2nd year of a 3 year degree programme) then you are a direct entrant*

For Office use only

Registration number

Registered