

UPP APPLICATION FORM 2018

Berlin | Hannover

Please return completed form via email to:
UPPGISMARegistration@thelanguagegallery.com

Agent Name/Stamp Here

STUDENT DETAILS

Title Mr Ms Mrs Miss

First Name:

Last Name:

Date of Birth:

Place of Birth:

Nationality:

Home Permanent Address:

Post Code: Country:

Home Telephone:

Mobile Number:

E-mail Address:

Skype ID:

Do you have any medical conditions (including pregnancy) which may affect your attendance?

If yes, please provide details: Yes No

Is there anything that may affect your studies with us that you feel The Language Gallery should know about?

If yes, please provide details: Yes No

LEVEL OF GERMAN

What is your level of German?

A1 A2 B1 B2 C1

Do you have proof of your level of German?

Yes — Please send us your certificate(s)

No — Please request an online level test

COURSE DETAILS

School (City):

UPP Pathway Studienkolleg

UPP Pathway University

UPP Pathway University + TestDaF

Start date:

Duration (weeks):

VISA INFORMATION

Do you need visa for this course? Yes No

If yes, please specify visa type below

Schengen Visa (SV)

Language Course Visa (LCV)

Student application Visa (SAV)

Passport Number:

EMERGENCY CONTACT

Emergency Contact Name:

Relationship to you:

Languages spoken:

Mobile number:

E-mail Address:

ACADEMIC QUALIFICATIONS

High school student
 University undergraduate student
 University postgraduate student
 Other:

Highest academic qualification:

Highest academic certificate name:

Issued by:

Qualification earned:

Date achieved:

ADD THE COPY OF THE FOLLOWING DOCUMENTS

High school leaving certificate + transcripts of subjects and grades: Yes No Not applicable

Bachelor degree certificate + transcripts of subjects and grades: Yes No Not applicable

Master degree certificate + transcripts of subjects and grades: Yes No Not applicable

Proof of university attendance (without degree): Yes No Not applicable

University entrance exam: Yes No Not applicable

UNIVERSITY STUDIES IN GERMANY

Interested in undergraduate studies:

Interested in postgraduate studies:

Field of future studies:

I WOULD LIKE TO APPLY AT FOLLOWING UNIVERSITIES AFTER UPP*

**Optional, please add information only if you already know which universities you want to apply at.*

ACCOMMODATION

Accommodation required: Yes No (Please choose from the options below, and indicate your first 1 and second 2 choices in the boxes provided)

Check in date: Check out date: Placement fee: GBP £70

Do you have special requests: Yes No If yes, please specify:

Allergies: Pets Yes No If yes, please specify:

If having meals: Do you require a special diet? Yes No If yes, please specify:

| BERLIN | | |
|--------------------|---------------|--|
| Accommodation type | Catering | Occupancy |
| Shared room | Self catering | <input type="checkbox"/> Shared |
| Single room | Self catering | <input type="checkbox"/> Shared |
| Single apartment | Self catering | <input type="checkbox"/> Single |
| Micro apartment | Self catering | <input type="checkbox"/> Single <input type="checkbox"/> Shared |

| HANNOVER | | |
|--------------------|---------------|---------------------------------|
| Accommodation type | Catering | Occupancy |
| Shared room | Self catering | <input type="checkbox"/> Shared |
| Single room | Self catering | <input type="checkbox"/> Shared |
| Single apartment | Self catering | <input type="checkbox"/> Single |

AIRPORT TRANSFER

Would you like airport transfer on arrival: Yes No

On departure: Yes No

Airport: Terminal:

Flight number: Arrival date / time:

Departure date/ time:

Contact number:

TOTAL FEES

Currency: EUR €

Course fee:

Registration fee: (EUR €70)

Accommodation fee:

Accommodation placement fee: (€55-100)

Medical insurance:

Airport transfer fee:

Total:

Please make sure you understand this statement before signing. If you are not sure, need help or translation, please ask us before you sign.

I confirm that I have read, understood and agree to abide by the terms and conditions of registration (including important information and policies on attendance, cancellations, deferrals and refunds) which are available at <http://www.thelanguagegallery.com/about-us/terms-conditions>.

I have completed all necessary fields of this application.

All of the information I have supplied to The Language Gallery is accurate and complete. I acknowledge that The Language Gallery reserves its right to refuse admission or to expel me if I have submitted inaccurate or incomplete information.

If you choose to type your name in the space reserved for your signature, instead of signing, you hereby agree that:

- Your printed name has the same binding legal force as your signature. Please include your name on both the Print Name and the Signature lines.
- Your printed name will act as proof of your consent to the Terms and Conditions of this document.

Print Name:

Signature:

Date: