

**UNIVERSITY OF PLYMOUTH  
Student Enrolment Form**

Student Number

SLC SSN

Academic Year  Prog Ref  Programme Name

Quick Clear

**1. Personal Details**

Title  Surname   
 Gender  Forenames   
 DoB  Previous Surname

**2. Residence Details**

Home Address  Local Address (if different from home address)

Postcode  Telephone  Postcode  Accom Type  Telephone

**3. Miscellaneous**

Disability  Nationality   
 Disability Allowance  Country of Domicile   
 Ethnic Origin

**4. Emergency Contact Details**

Address (if different from Home Address)  Contact Name   
 Relationship   
 Postcode  Telephone

**5. Qualifications on Entry**

Qualification	Subject	Grade	Tariff Points

Qualified Teacher Status/General Teaching Council  
 If you have a PGCE does it have QTS/GTC registration? (Yes/No)

Previous Establishment and Year Left

**6. Parental Education**

Do any of your parents have any higher education qualifications, such as a degree, diploma or certificate of higher education?

**7. Enrolment Details**

Main campus location or name of Partner Institution   
 Mode of study/attendance (i.e. Full Time/Part Time)   
 Is this a repeat stage?   
 Name of Programme last year (if different)   
 Second Programme enrolment (if applicable)

## 8. Module Details

Student Number Surname

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Module Ref    Module Name

Credits    Repeat

Fee Due

Modules Checked by: (Staff Use)

## 9. Sponsorship Details

Sponsor/Assessing Education Authority/Trust

Sponsor Code

For the attention of:

Full address for invoice (inc 'Self') Employer or Addressee:

For Nursing Students: Is your place Contracted/Non Contracted/Additional to Contract/Partnership?  
(Delete as appropriate)

## 10. Student Declaration

By signing this form you are acknowledging:

- The conditions set down in the Student Handbook issued to you.
- You have read the Notice on Data Protection which explains the use made by the University of your personal data.
- The University copying and distributing any or all of your work in any form and using third parties (who maybe based outside the EU/EEA to monitor breaches of regulations, to verify whether your work contains plagiarised material, and for quality assurance purposes.

The submission of the form will be taken as understanding the listed obligations and the giving of consent.

Signature ..... Date .....

Checked by:

The University of Plymouth shares its student data with the University of Plymouth Students' Union for the purposes of membership to the union. Please tick this box if you do not wish to receive any information from the University of Plymouth Students' Union.

## 11. Fee Details (Office Use Only)

<b>Total Fee for Academic Year:</b>	Fee Region
Who will pay the fees? (circle as appropriate)	Debtor Flag
Self                      SLC                      Sponsor                      More than one payer	If no fee payable, please give reason
Please provide details of amounts to be paid	
Payer    Payer	Repeat as 1st attempt/Paid in previous year/Exchange/Board Purposes Only/Other (please state):
Amount    Amount	
Fee Reduction Applicable? Yes/No	
Reason for Reduction	
Amount of Reduction (£/%)	