

## APPLICATION FOR ADMISSION

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### **LONDON COLLEGE of ENGLISH**

(Head Office)

354 Goswell Road

London EC1V 7LG

**TEL** 020 7713 9393

**FAX** 020 7713 0288

Please attach  
two passport  
sized  
photographs  
with your name  
clearly written  
on the back

Surname/Family Name

( Mr/Mrs/Ms etc.):

First Name(s):

Nationality:

Date of Birth:

/ /

Present Address:

Fax Number:

Email:

Name & address of person/company  
responsible for paying fees:

Fax Number:

Email:

**COURSE REQUIRED** (State the course you wish to follow and the subject or level to be studied)

Full Time      Part Time

Course:

Subjects:

Start and Finish dates:

Start

Finish

How did you find out about this college?

I agree to pay the fees as and when they are due and enclose **£35.00 Registration Fee**. I understand that the Registration Fee and the first £300.00 of any course fees paid are not refundable. No fees are refundable once classes have started. Unless the college has been informed of the withdrawal at least four weeks prior to the course starting date, £500 will be retained.

I agree to abide by the rules and regulations of the college as stated in the college prospectus.

I enclose my £35.00 registration fee and £ \_\_\_\_\_ of my course fees.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

DOCUMENTATION:

(Exemption/Dissertation, etc.)

FEES PAID

REGD DATE:

**COURSE FEES DUE:**

H/O Ref: