Registration form



PERSONAL DETAILS		COURSE DETAILS:
First Name:		Please choose the programme you require:
Surname:		□ Face to face □ Online
Gender:		□ PSE 1 (20 Week Pre-sessional Programme / 2.0 IELTS Bands) □ 27/11/23 - 19/04/24
Nationality:		□ 08/04/24 - 23/08/24
		□ 05/08/24 - 20/12/24
Passport Number:		□ PSE 2 (16 Week Pre-sessional Programme / 1.5 IELTS Bands)
Date of Birth:		□ 02/01/24 - 19/04/24
Contact Tel:		□ 07/05/24 - 23/08/24 □ 02/09/24 - 20/12/24
Email Address:		
Home Address:		□ PSE 3 (11 Week Pre-sessional Programme / 1.0 IELTS Bands) □ 05/02/24 - 19/04/24
		□ 10/06/24 · 23/08/24
		□ 07/10/24 - 20/12/24
Occupation/Job:		□ PSE 4 (7 Week Pre-sessional Programme / 0.5 IELTS Bands)
Please give details of any special needs, learning difficulties or medical conditions the school should be aware of:		□ 04/03/24 - 19/04/24
conditions the school should be aware or:		□ 08/07/24 - 23/08/24
		□ 04/11/24 - 20/12/24
How did you hear of LSI/IH Portsmouth?		\square PSE 5 (4 Week Pre-sessional Programme / Unconditional)
□ Representative □ British Council		□ 29/07/24 - 20/12/24
□ Ex-Students □ Friends		□ EPSE (36 Week Extended Programme / No minimum level)
□ International House □ Cosial Media		□11/12/23-23/08/24
□ International House □ Social Media:		
UNIVERSITY PROGRAMME OF STUDY		ARRIVAL DETAILS
		Date & time:
Level (BA/MA/PHD):		Flight Number & Airport:
Subject you will study:		Do you require an airport taxi transfer?
University or ICP Reference No:		□ No □ Yes, one way □ Yes, return
IELTS Band Required:		
Current IELTS Score:		
Please supply a copy of passport photo page, IELT equivalent English Language test certificate) and this application.		
ACCOMMODATION		
1. Would you like us to arrange homestay or self-o	catering accommodation for	ryou? □ Homestay □ Self-catering □ No, thanks
2. Do you smoke? □ Yes □ No		
3. If you have chosen homestay, do you have any	special preferences, e.g. size	e of family, age, children, household pets, hobbies/interests?
5. Any special dietary needs? (supplement may a	apply)	
6. Any health problems or disabilities?		
I have read and understood the terms and condit	ions. Signed:	Date:
Contact in emergency:	Relationship:	Telephone: