

# KAPLAN INTERNATIONAL: APPLICATION FORM US PATHWAY PROGRAM (USPP)



1. Fill in all sections of the form
2. Attach certified copies of academic transcripts and exam results and English language results if you have them
3. Send to uspp@kaplan.com

A PERSONAL DETAILS	
First name:	Family name (surname):
Middle names:	Gender: Male Female Date of birth (dd/mm/yyyy):
Country of birth:	Will you be under 18 when your course is due to start? Yes No
Nationality:	Passport number:
Secondary nationality (if applicable):	Secondary passport number (if applicable):
Have you been granted a visa to study in the US before? Yes (provide details) No	Have you been refused a visa to study in any country? Yes (provide details) No
Home address:	
Postcode:	Country:
Telephone:	Mobile:
Email:	

B EMERGENCY CONTACT (PARENT / GUARDIAN / NEXT OF KIN)	
Contact's name:	
Relationship to student (e.g. father):	Contact's gender:
Contact's address:	
Postcode:	Country:
Contact's telephone:	Contact's email:

C HOW DID YOU HEAR ABOUT THE PROGRAM?	
How did you hear about the program?	Family/friends referral Internet TV Newspaper Educational agent Other (please state)

D PROGRAM DETAILS	
Which program do you wish to study on?	Business (Business, Finance, Economics, Humanities and Arts) Science and Engineering (Science, Engineering and Technology)
Preference for major / subject area:	
USPP Center:	

E PROGRESSION UPDATES	
Other than your sponsor (where applicable), who would you like to receive updates on your progress?	
Name:	Relationship to you:
Telephone:	Email:

F EDUCATION HISTORY	
Details of the school you are currently attending / have graduated from	
Name:	
Dates attended (from—to):	
Qualification awarded:	

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## G ENGLISH LANGUAGE PROFICIENCY

Which Secure English Language Test did you take? IELTS TOEFL Pearson Other

Overall score:

## H DECLARATION OF CRIMINAL RECORD

Do you have any criminal convictions in any country – excluding spent convictions and minor motoring offences?

Yes (If you tick yes, you might be required to provide details) No

## I MEDICAL INFORMATION

Kaplan is committed to equality of opportunity and aims to provide an inclusive learning environment for students with special needs or disabilities. To help us best support you, please provide as much information as you can on your particular needs.

Do you have any medical conditions? Yes No

If yes, please give details of any medical conditions or allergies that require attention or notification and any prescribed medication taken regularly.

Completion and signing of this form gives the International College permission to administer first aid by trained staff first aiders if required.

Do you consider yourself to have a disability?

No disability

Physical impairment or mobility issues such as difficulty using your arms, or using a wheelchair or crutches

Blindness or serious visual impairment uncorrected by glasses

Deafness or serious hearing impairment

Long-standing illness/health condition such as cancer, HIV, diabetes, chronic heart disease, epilepsy, asthma or sickle-cell anaemia

Specific learning disability such as dyslexia, dyspraxia or ADHD

Mental health condition such as depression, schizophrenia or anxiety disorder

Social/communication impairment such as Asperger's syndrome or other autistic spectrum disorder

Disability, impairment or medical condition that is not listed above

On a separate sheet, please provide further details of the nature of your disability and the support you would require. Please note that some support mechanisms might take considerable time to organise, such as books in Braille format or modifications to buildings. We ask therefore that you include as much as information as possible. Failure to disclose relevant medical information might affect the validity of your insurance policy.

The International College will ensure all personal data enclosed will be used only to plan appropriate support, and might need to disclose appropriate and relevant details to partner universities to facilitate this process.

I agree to appropriate, relevant details being used in this way.

## J DECLARATION

I declare that the information I have supplied on this form is complete and correct. I have read, understood and agreed to the terms and conditions and fees.

I can confirm I have read, understood and agree to the declaration above: Yes No

Name:

Date: