

Application Form

Please complete ALL sections of this form clearly AND ACCURATELY. If information is missing we will not be able to process your application. Please email your completed application and supporting documents to admissions@crestwoodohio.education

Section 1: Your course Full title of course (including Foundation, BA/BSc, MA/MSc): Month and Year of Entry: How do you wish to study? Jul-Dec Full-time Part-time Jan-June 20 **Section 2: Your personal details** Your first name (as written in your passport): Your surname (as written in your passport): Your title: Mrs Miss Ms Dr Professor Other Date of birth (DD/MM/YYYY): Gender: Male Female **Permanent postal address** (Including country/postal code): Nationality: Your personal mobile number (Including country code) Alternative mobile number Your personal email address: **Employer Details Current Employer Employer Contact Number Section 3: Visa** Which country are you currently living in? Will you require a visa to study in USA? Yes No

Section 4: English language qualification							
Qualification/Name of 1	Test:						
Overall result (Please st qualifications include G			ualification that you have current equivalent):	ly. Valid			
Section 5: Acad	emic history						
Your education in your l most recent qualificatio		lly from the age	of 16 (e.g. high school, A level, e	tc), starting with the			
Schools attended	Date started MM/YYYY	Date finished MM/YYYY	Examinations taken and qualifications obtained	Grade			
Please provide details o	of any previous cours	es you studied, i	the dates and the institution.				
Institution attended	Date started MM/YYYY	Date finished MM/YYYY	Examinations taken and qualifications obtained	Grade			

Section 6: Other information

The University welcomes applications from disabled international students and we encourage you to declare your disability and your support needs as soon as possible. Telling us about your disability will not affect your selection as a student, but will enable us to work with you to assess your needs, plan your stay at the University and inform you to what extent we can meet your requirements.

Do you have a disability or medical condition that require any additional support?							
Yes No							
Section 7: Representation							
Are you applying through an Agent or Educational Representative? Yes No							
Agent's/Educational Representative name:							
Agent's/Educational Representative address (including Country & post code):							
Agent's/Educational Representative email address:							
Please tick the box to give consent for the agent to act on your behalf regarding your application for admission to Crestwood University of Ohio and to confirm that you understand and agree to the following conditions:							
The agent will be acting on my behalf and not on the behalf of CUO and thus unable to contract on behalf of, or bind, CUO. The Agent will hold and process information solely for the purpose of my application to CUO and all communications will be sent to my nominated Agent's email address. Any notice to amend or cancel the Agent who is acting on my behalf must be communicated by me in writing to both the Agent and CUO. A Change of Agent form must be completed and returned to the International Admissions office if I choose to change Agent, and will be effective once received by CUO.							
I agree							
Will your study be funded in part or full by a sponsor? Yes No							
Sponsor's name:							
Sponsor's address (including Country & post code):							
Sponsor's email address:							

If yes, please tick the box to one information about your application.	SS	I agree				
Please tick the box for CUO to pass information about your application on to relevant authorities.						
Section 8: Declarati	on					
By submitting this form I dec enrolled, I agree to abide by t		_	_	I have provided is correct. If		
Signed			Date			
Next steps						
If you do not have all supporting documen	nts available at the t	ime of application, we wil	still be able to make you a cond	litional offer.		
Please tick the boxes and att application:	ach the docur	nents which you c	urrently have available	to support your		
Academic transcripts	Yes	No				
Attach all your academic transc	ripts from your	education since the	e age of 16.			
Personal statement	Yes	No				
Provide a statement, explaining career aspirations, and any add				lge you have, your longer term		
Your references	Yes	No				
One reference is required to su	pport undergra	duate study and tw	o references for postgra	duate study.		
Work Experience	Yes	No				
Provide details of all the jobs yo	u have held (if	any) since the age	of 18. A CV is also acce	ptable.		
Passport copy	Yes	No				
Please attach a copy of your cu	rrent passport.					
English Language Evidence	Yes	O No				
Portfolio	Yes	O No				
Please note some courses may	also require yo	ou to submit a portfo	olio or audition.			

CUO will use all reasonable endeavors to deliver courses and programs of study as communicated to the students, and at the fee payment structures and e-levels published. It is possible, however, that some changes may occur and the University reserves the right to make variations to the content or method of delivery of courses, to discontinue or combine courses, to introduce new courses or to adjust fee payment structures or fee levels if at any time such action is considered to be reasonable and necessary. I confirm that I have read and understood the terms and conditions governing the fee payment structures and fee levels for courses and programs. I hereby apply for enrollment and if accepted, I agree to comply with the standard rules, regulations and ordinances of CUO. If I do not comply with any of the rules of the University, the University has the right to take disciplinary action against me.

I agree