

Registration No

(to be completed by Library staff).

UNIVERSITY OF LONDON, SCHOOL OF ADVANCED STUDY  
**INSTITUTE OF CLASSICAL STUDIES LIBRARY**  
SENATE HOUSE, MALET STREET, LONDON WC1E 7HU

## APPLICATION FOR ADMISSION

I hereby apply for admission to the Institute of Classical Studies, and undertake, if admitted, to confirm to all the Rules of the Institute.

(PLEASE USE CAPITAL LETTERS)

1) NAME IN FULL (please underline surname)

TITLE (Prof, Dr, Mr, Ms, Mx etc.)

2) PERMANENT ADDRESS

LONDON ADDRESS (if different from permanent address)

Telephone no:

Email:

3) PREVIOUS DEGREES, etc. UNIVERSITY (dates)

4) SUBJECT OF RESEARCH OR THESIS

5) FOR UNIVERSITY TEACHERS; PRESENT APPOINTMENT / FELLOWSHIP

6) FOR ALL POSTGRADUATE STUDENTS

1) Qualification being undertaken:

2) University/College/Institution:

3) Date of registration on course

4) Date of end of course:

5) Fellowship or Studentship (if any):

6) Supervisor of Studies: