

**ENGLISH LANGUAGE PROFICIENCY** Previous English Language Experience and Qualifications

Is English your first/native language?  Yes  No  
 if NO, please continue to complete this section.

What is your first language? .....

Do you speak any other languages fluently? .....

If you plan to take an English language test later this year, please tell us which test you will be taking, your predicted grade and the date of you test:

Name of test: .....

Predicted Grade: ..... Date of test: .....

Have you taken any of the following English language tests to date?

Please tick	Overall Score	Component scores (where applicable)			
		Reading	Writing	Listening	Speaking
<b>IELTS.</b> Please give overall and component scores					
<b>Pearson (academic).</b> Please give overall and component scores					
<b>Cambridge.</b> Please give overall and component scores					
<b>Other.</b> Please state exact qualification and score					

**PAYMENT OF FEES OR DEPOSIT**

Who is paying your tuition fees?  Yourself, parents or family  Agent  Other (please specify)

Who is paying for your accommodation fees?  Yourself, parents or family  Agent  Other (please specify)

Your may pay your deposit, tuition fees, or accommodation by one of the following:

**Bank Transfer**

Account Name: Solihull College  
 Bank Address: Barclays Bank  
 15 Colmore Row, Birmingham B3 2BH  
 Account No: 10883042  
 Sort Code: 20-07-71  
 IBAN: GB95 BARC 2007 7110 8830 42  
 BIC Number: BARC GB22  
 VAT Number: 614 1221 94

**Bank Draft** You may send a banks draft

in sterling payable to: **Solihull College**

**Credit Card** To pay your fees please complete the credit/debit card form below.

I wish to pay by  Visa  Mastercard  Debit Card

And hereby authorise Solihull College to debit my debit/credit card for the sum of

£ .....

Card No ..... Start Date ..... Expiry Date .....

Name on Card ..... Security Code .....

Registered Card Address ..... Mail Address (If different) .....

Signed ..... Date .....

**International Admissions**  
 Student Information Centre  
 Solihull College, Blossomfield Campus  
 Blossomfield Road, Solihull B91 1SB.

Tel: +44 (0)121 678 7063  
 Fax: +44 (0)121 678 7200  
 E-mail: international@solihull.ac.uk

**INTERNATIONAL STUDENTS APPLICATION FORM**



**AGENT**

Name: .....

Address: .....

Email: .....

Contact Numbers: .....

**PERSONAL DETAILS**

Family Name: .....

Given Name/s: .....

Gender (Please tick appropriate box):  Male  Female Date of Birth: .....

Passport Number: ..... Country of Birth: .....

**CONTACT DETAILS**

Your Address: ..... Your Contact Details:

..... Email: .....

..... Mobile: .....

..... Telephone: .....

**PROGRAMME OF INTEREST**

Course

1st Choice: .....

2nd Choice: .....

Month / Year of Entry: .....

Have you been in the UK for study purposes before?  Yes  No

If yes please provide details: .....

.....  
 .....  
 .....

