

International Student Enquiry Form			
Family Name <i>(English)</i>		First Name <i>(English)</i>	
Family Name <i>(National Script)</i>		First Name <i>(National Script)</i>	
Preferred Name <i>(English)</i>			
Nationality		Date of Birth	
Postal Address			
Country		Postcode	
Tel No		Fax No	
E-Mail Address			
Nature of Enquiry <i>(Subject, Institution, Level, Programme.....)</i>			
Other Criteria <i>(Location, Cost.....)</i>			
Declaration			
I understand that this form will be circulated throughout the 12 university institutions in Wales, UK.	Sign		
	Date		
Useful Information <i>(observations, who is making the enquiry, notes.....)</i>			

Please return this form to: **Wales International Consortium**, 9 Laura Place, Aberystwyth, SY23 2AX, Wales, UK. Tel: +44 1970 628 627 Fax: +44 1970 622 063 www.walesinternationalconsortium.com