



THE UNIVERSITY *of* EDINBURGH

Division of Clinical Neurosciences

VISITOR AND STUDENT REGISTRATION FORM

Personal Details:
Name:
Date of Birth:
Nationality:
Passport Number:
Visa Details <i>(if applicable):</i>
Matriculation Number:
Home Address in Edinburgh:
Contact Telephone Number:
Mobile Number:

Next of Kin:
Name:
Relationship to Student:
Contact address:
Contact Telephone Number:

Contact within the UK <i>(overseas students only):</i>
Name:
Relationship to Student:
Contact address:

Contact Telephone Number:
Details of Study
Study Location:
Title of Thesis:
Study Supervisor (1):
Study Supervisor (2):
Study Supervisor (3):

Funding Source
<i>Please state where you are being funded from, including any overseas awards etc.</i>

Annual Reviews (office use only)
1 st year Date of review:
2 nd year Date of review:
3 rd year Date of review:

Office use only: For overseas students

Copy of Passport:

Copy of VISA

Copy of ORS or equivalent