

1. Please complete sections 1, 2 and 4 of the form in BLOCK CAPITALS.
2. All applicants must produce their current university registration card showing postgraduate status and degree course.
3. Non-University of London students must also provide a letter of introduction from their supervisor which clearly states that the applicant is registered for a postgraduate **research** degree (i.e. not a purely taught course).
4. Supervisors of research assistants must provide a letter of introduction which clearly states how long the applicant will require access to the Library.

Section 1: Personal details

SURNAME or FAMILY NAME

FORENAME(S)

TITLE Mr/Ms (please delete as necessary or give other title)

DEGREES ETC. ALREADY HELD, WITH DATES

LONDON/UK ADDRESS (including postcode)

..... TEL NO:

HOME ADDRESS (if different from above)

..... TEL NO:

EMAIL ADDRESS NATIONALITY

HAVE YOU HAD A FULL ADMISSION CARD BEFORE? YES/NO PLEASE GIVE NUMBER:

Section 2: Application

Please complete sub-section A, B or C below

A. UNIVERSITY OF LONDON POSTGRADUATE STUDENTS

COLLEGE/SCHOOL

DEGREE/DIPLOMA ETC. FOR WHICH YOU ARE CURRENTLY REGISTERED

DATE OF FIRST REGISTRATION FULL-TIME/PART-TIME (please delete as necessary)

NAME OF SUPERVISOR

B. POSTGRADUATE RESEARCH STUDENTS OF OTHER UNIVERSITIES/COLLEGES

UNIVERSITY/COLLEGE

DEGREE/DIPLOMA ETC. FOR WHICH YOU ARE CURRENTLY REGISTERED

DATE OF FIRST REGISTRATION FULL-TIME/PART-TIME (please delete as necessary)

LETTER OF INTRODUCTION FROM

C. RESEARCH ASSISTANTS

UNIVERSITY/COLLEGE

LETTER OF INTRODUCTION FROM

Section 3: Special Needs Support

Please indicate here if you have special needs or a disability and would like additional support to use the Library

Section 4: Undertakings

1. I undertake to abide by the Library Regulations. A copy of the current regulations may be obtained from the Library Administrative Officer or may be consulted at the Library Enquiry Desk.
2. I hereby declare that I wish to use the facilities of IALS solely in connection with my academic research at the institution at which I am registered. Should I wish to use the facilities in connection with any work as a practising solicitor/barrister or for any other purpose not related to my academic research, I undertake to notify the Librarian and to pay the appropriate admission fee.
3. I undertake to observe the provisions of current copyright law and any other copyright restrictions and to read and observe the notes displayed above the self-service photocopiers before making any copies. I understand that some electronic information services are only available for academic use.
4. I agree for the personal details on this form to be stored on a database whilst the data is needed for library administration, to operate the automated entry system and to collect anonymised admission statistics. You can access further information regarding data protection policies on the University of London website.
5. I agree that IALS Library may use my email address to send emails to me concerning news and information about IALS and its Library.

Signed _____ Date _____

Please return the completed form **in person**, together with appropriate documents (see Notes 2-4 overleaf), to:

Library Administrative Officer
Institute of Advanced Legal Studies
17 Russell Square
London
WC1B 5DR

Tel: 020 7862 5801
Email: ials.libadmin@sas.ac.uk

For staff use

Seen by _____ Date _____

Proof of postgraduate registration for current year (please give details)

Letter of introduction received _____