# Request for inclusion in Tier 4 Priority Service – *(available for in UK applications only)*

Complete this form and send it to the Tier 4 Priority Service Team: [Tier4priorityservice@homeoffice.gsi.gov.uk](mailto:Tier4priorityservice@homeoffice.gsi.gov.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| Choose a service | | | |
| **Which Tier 4 visa are you applying for?** | | | |
|  | General | | |
|  | Child | | |
|  | Doctorate Extension Scheme | | |
|  | Tier 4 Dependant Partner (applying to join the main applicant) | | |
|  | Tier 4 Dependant Child (applying to join the main applicant) | | |
| **Is your current leave to remain the same as above?** | | | |
| Yes | | | |
| No, I want to switch from another category | | | |
| No, I was born in the UK and do not currently have leave to remain | | | |
|  | | | |
| Applicant details | | | |
| **Given name:** | |  | |
| **Family name:** | |  | |
| **Date of birth:** | |  | |
| **Nationality:** | |  | |
| **Institution/Sponsor Name:**  **CAS number:** | | |  |
| Your Certificate of Acceptance for Studies (CAS) number will be provided to you by your sponsor. | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you have a biometric residence permit (BRP) number?** | | | | | | | | | | |
| Yes  No | | | | | | | | | | |
| If yes, please give the BRP Number: | | | | | | |  | | | |
| If you do not know your BRP number, or do not have one, give your passport number: | | | | | | | | | |  |
| **How should we contact you?** | | | | | | | | | | |
| Email | | | Email address: | |  | | | | | |
| Phone | | | Phone number: | |  | | | | | |
| Dependants | | | | | | | | | | |
| **Are you including dependants in this application?** | | | | | | | | | | |
| Yes  No | | | | | | | | | | |
| If yes, how many dependants are you including? | | | | | | | |  | | |
| **List your dependants’ details:** | | | | | | | | | | |
| **Given name** | **Family name** | | | **Date of birth** | | | **Nationality** | **BRP number, if they have one** | **Passport number, if they have one** | |
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| Legal representative, if you have one | | | | | | | | | | |
| **Legal representative’s company:** | | | | | |  | | | | |
| **Legal representative’s name:** | | | | | |  | | | | |
| **How should we contact your legal representative?** | | | | | | | | | | |
| Email | | Email address: | | |  | | | | | |
| Phone | | Phone number: | | |  | | | | | |