

Exercise 5N: Applying to a foreign university

1/4

University of					
YOUR DETAILS					
Surname			Title (Mr/Mrs/Miss/Ms/other)		
Forenames					
Permanent Home Address			Address for Correspondence (if different)		
Postcode			Postcode		
Telephone Number			Telephone Number		
Email Address			Email Address		
Date of Birth		<input type="text"/>	<input type="text"/>	<input type="text"/>	Age on 31 December of intended year of entry
		Years		<input type="text"/>	Months <input type="text"/>
Nationality					
Country of Birth					
WHICH COURSE DO YOU WANT TO STUDY					
Choice of Course (in order of preference)	Enter the course for which you wish to be considered in order of preference:			Level	Point of entry
	1.				
	2.				
	3.				
Application for entry in the academic year 2 /					
Previous Study at the University	If you have previously attended on a full-time or sandwich course at the University of please tick the box. <input type="checkbox"/>				
SCHOOL DETAILS					
Name of High School(s) attended	Town/City	From		To	
		Month	Year	Month	Year
Please list the subjects studied and the qualification or grade achieved (Attach a copy of your High School Certificates or marks sheet).					
Examining Body	Subject Level	Result (Grade mark or %)	Exam Date		
			Month	Year	

COLLEGE/UNIVERSITY QUALIFICATIONS GAINED

Name of College or University attended	Town/City	From		To	
		Month	Year	Month	Year

Please list the subjects studied and the qualification achieved
(Attach a copy of your Certificates or marks sheet).

Institution Name	Course of Study	Award Title	Grade/Class	Date Obtained

QUALIFICATIONS NOT YET COMPLETED OR CERTIFIED

Name of College or University attended	Town/City	From		To	
		Month	Year	Month	Year

Date of results of Examination or Awards			Subject/Unit/Module/Component	Level/ Qualification
Month	Year	Awarding Body		

ENGLISH LANGUAGE QUALIFICATIONS

Please indicate whether English is

- a) Your first language b) Your main language for education c) Learnt as a foreign language

If c), please state qualifications gained and attach documentary evidence showing level of proficiency obtained in TOEFL examination/IELTS examination OR equivalent other test of English language skills.

WORK EXPERIENCE AND EMPLOYMENT

Employers Name	Job Title	Dates	
		From	To

REFERENCES

Name of Referee

Position/Occupation/Relationship to applicant

Address of Referee

Postcode/Zipcode

Telephone Number

Name of Referee

Position/Occupation/Relationship to applicant

Address of Referee

Postcode/Zipcode

Telephone Number

ADDITIONAL INFORMATION – NOT USED FOR SELECTION PURPOSES

Occupational Background

Ethnic Origin

Do any of your parents have any higher education qualifications such as a degree, diploma or certificate of higher education?

Yes No Don't know **SPECIAL NEEDS OR SUPPORT**Do you have a disability/special needs? Yes No

If you have a disability, special needs (including dyslexia) or a medical condition, please tick the appropriate box and enclose further details where necessary.

Deaf/partial hearing	<input type="checkbox"/>	Learning difficulty	<input type="checkbox"/>	Autistic disorder	<input type="checkbox"/>
Personal care support	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Unseen disability eg. diabetes, epilepsy	<input type="checkbox"/>
Multiple disabilities	<input type="checkbox"/>	Other disability	<input type="checkbox"/>		
Wheelchair/mobility	<input type="checkbox"/>	Blind/partial sight	<input type="checkbox"/>		

Any other special or extra facilities or support you may need at the University?

COURSE FEES

Who is responsible for payment of course fees? Tick appropriate box.

Student Awards Agency	1	<input type="checkbox"/>
Local Education Authority	2	<input type="checkbox"/>

Employer	3	<input type="checkbox"/>
Self	4	<input type="checkbox"/>
Other Sponsor	5	<input type="checkbox"/>

If you have ticked box 1, 2, 3 or 5, give full name and address of body responsible for payment of course fees.

PERSONAL STATEMENT

Information about yourself helps us assess your skills and suitability for the course.
The Personal Statement must be completed in writing.

Please use the space below to describe:

- i) Your reasons for choosing the course.
- ii) The knowledge, skills and positions of responsibility you have obtained through your work and/or education (whether paid, voluntary or domestic) which might be relevant to the course.
- iii) The work experiences and/or personal developments which have been most important to you.
- iv) The challenges facing you in your studies, work or personal career development.
- v) Your future career plans.
- vi) Details of any employment.
- vii) Your general interests, including hobbies and sporting activities. *(Please continue on a separate sheet if required).*

CERTIFICATION

I certify that to the best of my knowledge the information given on this form is true, complete and accurate and no information requested or other material information has been omitted and if I am admitted to the University I undertake to observe the University's regulations. I give my consent to the processing of my data by the University. I accept that, if I do not comply with these requirements, the University shall have the right to cancel my application and I shall have no claim against the University in relation thereto.

Signature of applicant Date

Remember to include photocopies of your qualifications and your references.