University Application Form

Solely for use at universities and colleges for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses.

A separate form is needed for each university to which you wish to apply. Please read the accompanying Notes for Guidance before completing this form.

Application Refere	ence ivo:	

1. Personal details	Tit	lo l	2. Fee Status					
	Country of birth							
Surname/Family Name (BLOCK CAPITALS)			Nationality					
First name(s)			Country of domicile or of permanent residence					
Previous surname, if changed	d		Applicants not born in	the European U	Jnion pleas	se state:		
Correspondence address					Da	у Мо	nth Year	
			Date of first entry to th	e EU				
			Date of most recent er	ntry to the EU				
			Date from which you have been granted					
	Postcode		permanent residence in	the EU				
Telephone No (including code)	Daytime	Evening (if different)	Payment of fees Who is expected to pa family member, employ		lesearch (Council, L	.A, yourself,	
Fax No	E-mail		If an LA, which one?					
Home address (if different)			Have you previously re	ceived an educ	ational aw	ard		
			from UK public funds?		ational aw	aru	YES/NO	
			If so, please provide de	etails:				
		Funding body Course Da						
Telephone No (including code)	Daytime	Evening (if different)						
Fax No	E-mail							
			Application Record – F	or Office Use		1 22 1		
	Day	Month Year	*December of colors	la da a d	Date	Initials	Remarks	
Sex: Male (M) Female (F)	e of birth		*Recorded and acknow *Status checked, question	_				
			C.C. Information reque					
Your age on 31 December in year of entry	Years	Months	Interview letter sent					
in your or only			Interviewed					
			Conditionally accepted Conditions:	for 20				
3. Details of course(s) to whi	ch you wish to appl	у	Conditions.					
Month and year in which you w	vish to start							
Course Title			*Conditional acceptance	e sent				
			Rejected for 20					
Mode of Study (Circle one)	FT F	T SW DL	Reason for rejection:				-	
Stage (Circle one)		1 2 3						
Preliminary Choice of main sub	pjects/options (if app	ropriate)						
			Rejection sent					
			Unconditionally Accepte	ed for 20				
			*Unconditional Accepta	nce sent				
		Λ	1					

7. Work Experience: (Please consult Notes for Guidance before completing this section.) Give details of work experience, training and employment. Continue on a separate sheet if necessary.												
Job Title						Full-time or			From		Т	- o
Nature of work/training	g	Nam	Name of organisation				Part-time or		Month	Year	Month	Year
								-	WIOTHIT	Tour	IVIOIIIII	Tour
											1	
8. Last two education							Full-time or		Fr	om	Т	0
Name and address of	the two most rec	ent educ	ational est	ablishments atte	ended.	Par	t-time		Month	Year	Month	Year
Academic qualification Summary of qualification		cation. P	lease tick	highest qualifica	ation held.							
Mature student – no qualifications	o formal		ONE	D/OND					Postgra	duate Certific	ate/Diploma	
Recognised Access	s Course		HNC/HND Maste				Masters	sters				
		1	1					1 [
GCSE/GCE/CSE		First Degree Other – please specify				fy						
9a. Examinations: Applicants should list all subjects taken, whatever the result, in chronological order. If you are awaiting the result of any examination recently taken write PENDING in the result column. Qualifications awarded by Edexcel – please attach transcript of all results if known. Where examinations are still to be taken, please list all modules with value and level of each. Continue on a separate sheet if necessary.												
Level, eg GCSE, A, HND, degree or				D	ate		Results					CATS
professional qualifications	S	ubject		Month	Year	Place of study			у	(grades or bands)	points (if applicable	
								_				
								_				
					+							

10. Further information (Please consult Notes for Guidance before compl	eting this section)
11. Please indicate whether or not any of your parents, step-parents or gua you are unsure, please select 'don't know', or if you do not wish to disclos	
Yes No Don't know	Prefer not to say
12. Disability Please circle from the list below the statement which is most	appropriate to you:
O00 You do not have a disability nor are you aware of any additional sup O10 You have dyslexia O20 You are blind/partially sighted O30 You are deaf/have a hearing impairment O40 You are a wheelchair user/have mobility difficulties O50 You need personal care support O60 You have mental health difficulties O70 You have an unseen disability (e.g. diabetes, epilepsy, asthma) O80 You have two or more of the above difficulties/special needs O90 You have a disability not listed above (please give details on a separatives, we will contact you to determine appropriate support for you.	rate sheet)
42 Name and address of reference (a) (Places associate Nation for Cuidana	and according to the four accordation this acction.
13. Name and address of referee(s) (Please consult Notes for Guidance 1.	2.
1.	2.
Tel No Fax No	Tel No Fax No
Tel No Fax No	IEI NO FAX NO
	on given in this form is correct and complete. I have read the instructions, in the transfer of the conditions set out there, which I accept as conditions of
Applicant's Signature	Date
Places and completed form to Student Entry and Support Division, Acade	mic Pagistry, Do Mantfort University, The Gateway, Leicoster LE1 0PH

Statement by referee					
Name of referee					
Post/occupation/relationship					
Address					
Telephone No	Fax No)	Email		
This form may be photocopied: please use word processor on letterheaded paper from the organisation your referee re	or write in black ink within presents. In either case , y	n the frame. Word processing your reference <u>MUST</u> carry an	is preferred. You may provide a letter nofficial stamp, where appropriate.		
Name of applicant (block capitals or type)					
Stamp:					
Has this reference been discussed with the applicant?	Yes No	Signed			
and read book allowed with the applicant!		- 5 ×-			
Section 9 checked as correct	Yes No	Date			
SSSSSI O GIRONOG AS COITEGE	163 140		_		

Application Ref No:

Other Ethnic Background

Not Given (UK Domicile)

Overseas Domicile

80

90

99

5. Planning statistics				
Ethnic origin (This information WILL NOT be made available to Admissions Tutors for se	lection purposes)			
Complete this section only if you have shown in Section 2 of the form	White		Black or Black Brit	tish
that your area of permanent residence is in the UK. Please choose from the ethnic origin terms printed here the one which you feel most nearly describes your ethnic origin and write its code in the boxes.	British Irish Other White Background	Irish 12 Other White 19		21 22 29
	Asian or Asian Br	itish	Mixed	
	Indian Pakistani Bangladeshi Chinese Other Asian Background	31 32 33 34 39	White and Black Caribbean White and Black African White and Asian Other Mixed Background	41 42 43 49

6. Criminal Convictions
You must declare if you have a relevant criminal conviction, including violence against the person in any form or drug dealing. If you tick the box, the University may ask you for more details.
Yes
Please note that if you are convicted of a criminal offence, while your application is being processed, you should notify the University immediately.

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