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This box for University use only



POSTGRADUATE COURSE APPLICATION FORM (AR2)

Please print clearly in black ink

Uxbridge, Middlesex UB8 3PH UK
Telephone (01895) 274000
+44 1895 274000 (International)

1. Proposed Course Title

Proposed mode of study please tick one

Full-Time
Normally a minimum of 60 credits per semester

Part-Time
a minimum of 10 credits per semester

Distance
See Postgraduate prospectus for details

Proposed Start Date Month Year

Most courses start in September of each year. Please consult the Prospectus for variations.

2. Personal details *This information is required to create an application record and is not used in the selection process.*

Surname/Family Name (BLOCK CAPITALS)

First Name (s) **Title** *(Mr/Ms/Miss/Mrs etc)*

Previous surname *if changed*

Are you: Male Female

Date of Birth:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your age on 31 December in year of entry Years Months

Permanent address

Correspondence Address *if different*

Postcode

Telephone (day)

Telephone (eve)

E-mail

3. Disability/special needs

Please tick the appropriate box if you have a physical or sensory disability which might in some way affect your studies at the University or may require special facilities or treatment. The University may use this information to make appropriate arrangements to support your studies at the University.

Blind/Partially sighted Deaf/Hearing impaired Wheelchair/Mobility problems Personal care support

Dyslexia Mental health problems Unseen disability

4. Ethnicity (permanent residents of the UK/EU only)

This information is required for statistical purposes only and is not used in the selection process.

Asian - Bangladeshi (33) Asian - Chinese (34) Asian - Indian (31) Asian - Other (29)

Black - African (22) Black - Caribbean (21) Black - Other (29) Other (80)

White (10) Information refused (98)

5. Have you studied previously in the UK University Sector? Yes No

If Brunel University

Which Department?

Which Course?

How did you hear about this University?

And this course?

If other

At which College/University?

Please quote your previous HESA number (if known)

6. Academic qualifications

Summary of qualifications held on application. Please tick highest qualification held:

- Mature Student – no formal qualifications
 NC/ND
 Master's

- HNC/HND
 First Degree
 Postgraduate Certificate/Diploma

Other – please specify

Examinations

Please list all main periods of study taken, whatever the result, in chronological order. Where final examination is still to take place, please give full details. If you are awaiting the result of any examination recently taken write PENDING in the result column. Documentary evidence of known results should be sent with this form: only certified photocopies are acceptable.

Level, eg. HND, Degree or Professional Qualifications	Subject	Where studied	University/College/Awarding body	Results (grades or bands or GPA)	Year taken

7. English Language (for overseas applicants)

Entry is conditional on the attainment of the required proficiency in the English Language (see postgraduate prospectus).

Were any of your previous qualifications taught in English? Yes No

If **No** please give full details, including dates of any English test taken/to be taken

8. Work experience Give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job Title; Responsibilities; Nature of work/training	Name of organisation	Full-time or Part-time	From		To	
			Month	Year	Month	Year
Current post:						
Other posts:						

9. Fee Status Do you expect to pay: UK/EU residents fee Higher non-EU rate of fee (please tick one)

Country of birth Country of permanent residence Date of first entry to UK

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Finance

Details of any scholarship/grant application made for your proposed course giving name, value and duration.

Already awarded Result of application awaited

If you do not obtain an award: Who will pay your fees?

How will you meet your living expenses?

All students offered registration will be asked to supply details of their financial position, letters of guarantee from sponsors etc, to ensure that they can complete the course without financial hardship

11. Further information Please provide any other relevant information to support your application, continue on a separate sheet if necessary.

12. Name and address of Referee(s)

Referee 1

Referee 2

Telephone Number Fax Number

Telephone Number Fax Number

13. Declaration

You are required to state whether you have any criminal convictions, excluding spent sentences or motoring offences for which a fine and/or three penalty points were imposed:

Do you have any Criminal Convictions? Yes No

I confirm that the information given in this form is true, complete and accurate and no information requested or other material information has been omitted. I undertake to be bound by the terms as summarised in the prospectus and agree to abide by the full regulations. I give my consent to the processing of my data by the University.

Applicant's Signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Departmental Approval	Date
A. Has the applicant been interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant's history consecutive and complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has evidence of qualification(s) been checked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Level of attainment in the English Language appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No Give details:	
Are there any requirements/conditions to be placed on the offer? If so give details:	
B. Have any special requirements been identified from the applicant's response to section 3? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details	
If so, can these be met by the Department?	
C. I recommend that the applicant is a fit person to undertake postgraduate course of study and recommend that he/she is registered	
Course Director Head of Department	

Administration	Date
Application received in Registry	
Action	
Special Needs? <input type="checkbox"/>	
Criminal Convictions? <input type="checkbox"/>	
Fee Status <input type="checkbox"/>	
Decision Processed (Initials)	
HESA No:	
Fee Code	
Bench Fee	
Sponsor	