



Canterbury Christ Church
University College

POSTGRADUATE APPLICATION FORM

Please tick areas marked with a

SECTION ONE - Please complete this section in **BLOCK CAPITALS**

Title of Programme _____

Do you intend to study - **FULL TIME** **PART TIME**

Family/Surname _____

First Names _____

Title _____ Date of Birth _____

Previous family/surname at 16th birthday _____

Nationality _____

Country of Birth _____

Area of Permanent Residence _____

Date of first entry into UK _____

Correspondence Address _____

_____ Tel No _____

Fax No _____ E-mail _____

Permanent Address _____
(if different from above)

_____ Tel No _____

SECTION TWO

1. Have you spoken to the department concerned about your chosen course? YES NO

2. Have you had an advisory interview with this department before application? YES NO
If YES with who? _____

3. Have you applied to Canterbury Christ Church University College before?
YES NO If the answer to question 3. is YES then please give details below:

Course _____ Year _____

SECTION THREE

Employment History: Please give details of paid employment to date including the name of the employer, nature of the work and employment dates, and voluntary work if relevant.

SECTION FOUR

Please give details of all academic qualifications specified in this section. Attach additional information if there is not enough space.

QUALIFICATIONS

Name and Address of School, College, University	Dates Taken	Subject/s Taken	Results
A-Level or equivalent qualifications			
Degree (or equivalent)			
Other Relevant Qualifications			

SECTION FIVE

Please indicate below why you think you would be suitable for this course.

SECTION SIX

Please indicate below where you first found out about this course.

Please state below if you have any disabilities or special needs.

Name two referees (including their name, address and status). These should be able to give their opinion on your suitability for your chosen course.

REFEREE No.1

NAME

STATUS

ADDRESS

REFEREE No.2

NAME

STATUS

ADDRESS

Declaration by candidate: I undertake, if admitted to the College, to abide by the regulations of Canterbury Christ Church University College and of the validating body granting the award.

Date _____

Signature _____

Please return this form to the

Postgraduate Admissions Office
Canterbury Christ Church University College
Canterbury
Kent CT1 1QU