

For use with taught postgraduate programmes.

City University, Northampton Square,  
London, EC1V 0HB

Tel: 020 7040 5060 Fax: 020 7040 5070

**1. Proposed Programme of study**

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Proposed date of commencement (mm/yyyy):

**Mode of attendance:**

Full-time

Part-time

Modular\*

Distance Learning\*

*\* only where applicable*

**2. Personal Information**

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Surname/Family name:

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First name(s):

Known as:

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Title: Date of birth(dd/mm/yyyy): M/F:

Permanent address:

Correspondence address *(if different)*:

Post code:

Post Code:

Daytime Telephone No:

Evening Telephone No:

Mobile:

Fax No:

E-Mail:

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Nationality (please state dual nationality):

Country of Permanent Residence:

Country of Birth:

If holder of a UK entry visa please state conditions of entry:

Date of arrival into the UK (dd/mm/yyyy):

### 3. Finance

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How do you propose to finance your studies here? City University requires you to pay any fees charged in connection with your Programme of study.

Self  Other

If you are not self-funded, please give the name and address of the person/body responsible for paying your fees.

Postcode:

Tel:

Fax:

Email:

Please give details of any scholarships or grants for your proposed Programme of study for which you have applied or already obtained.

### 4. Education and Qualifications

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#### a. Higher Education (degree held or currently being undertaken)

Degree title obtained or expected including major subjects. Enclose transcripts for overseas qualifications.

Date Awarded	Institution	Subject	Grade

#### b. School Leaving - Please include the following: your grades in English and Mathematics at GCSE or equivalent; Title of Qualification and your subjects and grades at A level or equivalent.

Date Awarded	School College	Subject	Grade

#### c. English Language (applicants whose first language is not English)

If English is not your first language, you must provide documentary evidence of your proficiency. Please indicate which tests you have taken, or have registered to take (see prospectus for details of acceptable qualifications).

Date Awarded	Awarding Body	Qualification	Grade

**d. Professional Qualifications**

Title of Qualification	Date Awarded	Whether by direct exam or exemption

**5. Employment history**

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Please give brief details of previous employment and work experience. List in chronological order, most recent first.

Dates from/to	Name and address of employer	Title of position and nature of duties

## 6. Statement in Support of Application

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Please give further information in support of your application including the reasons for your choice of Programme, what you feel you will contribute and your general interests.

## 7. Equal Opportunities Monitoring

### Equal Opportunities

City University, confirms its commitment to equal opportunities in all its activities. The University must not discriminate against an applicant on any of the following grounds: political belief, gender, sexual orientation, age, disability, marital status, race, nationality, ethnic origin, religion or social background.

The information you give is in confidence, and will not be seen by, nor made known to, any sector. It will be used only to monitor the operation of the Equal Opportunities Policy and will not be made available to Admissions Tutors.

a. Tick one of the following boxes if you wish to declare a disability or long-term medical condition.

- |   |   |
|---|---|
| <input type="checkbox"/> 00 None  | <input type="checkbox"/> 05 You need personal care support  |
| <input type="checkbox"/> 01 You have a specific learning difficulty (eg dyslexia)   | <input type="checkbox"/> 06 You have mental health difficulties                                     |
| <input type="checkbox"/> 02 You are blind or partially sighted                      | <input type="checkbox"/> 07 You have an unseen disability (e.g. diabetes or epilepsy)               |
| <input type="checkbox"/> 03 You are deaf or have a hearing impairment               | <input type="checkbox"/> 08 You have two or more of the above                                       |
| <input type="checkbox"/> 04 You have mobility difficulties or are a wheelchair user | <input type="checkbox"/> 09 You have a disability or special need not listed above (please specify) |
- 

b. Tick one box from the following list which best describes your ethnic origin.

- |  |   |
|--|---|
| <input type="checkbox"/> 11 White (British)                      | <input type="checkbox"/> 34 Asian or Asian British (Chinese)  |
| <input type="checkbox"/> 12 White (Irish)                        | <input type="checkbox"/> 39 Other Asian background            |
| <input type="checkbox"/> 19 White (other)                        | <input type="checkbox"/> 41 Mixed (White and Black Caribbean) |
| <input type="checkbox"/> 21 Black or Black British (Caribbean)   | <input type="checkbox"/> 42 Mixed (White and Black African)   |
| <input type="checkbox"/> 22 Black or Black British (African)     | <input type="checkbox"/> 43 Mixed (White and Asian)           |
| <input type="checkbox"/> 29 Other Black background               | <input type="checkbox"/> 49 Other Mixed background            |
| <input type="checkbox"/> 31 Asian or Asian British (Indian)      | <input type="checkbox"/> 80 Other ethnic background           |
| <input type="checkbox"/> 32 Asian or Asian British (Pakistani)   | <input type="checkbox"/> 90 Not known                         |
| <input type="checkbox"/> 33 Asian or Asian British (Bangladeshi) | <input type="checkbox"/> 98 Information refused               |



**City University**  
London

**Reference for admission to a  
postgraduate Programme**

City University, Northampton Square,  
London, EC1V 0HB

Tel: 020 7040 5060 Fax: 020 7040 5070

**Programme of study:**

**Applicant's name:**

**Instructions for the applicant and referees**

**To the applicant:** Please print the two reference forms contained within this application form and forward them to your two referees. Upon receipt of the completed, sealed references please forward them on to the relevant admissions office in a clearly marked envelope.

**To the referee:** The above named person has applied to be admitted to a postgraduate Programme at City University, London and has given your name as a referee. We would be most grateful if you would provide us with a reference on the applicant's academic and general ability to undertake the proposed Programme of study named above. Please complete the questions on this form or attach a written statement of reference on letter headed paper. Your reply will be treated in confidence by the University.

**Important:** Please place the reference in an envelope which should be sealed, signed across the seal and the signature covered with clear tape to ensure confidentiality. The envelope should then be returned to the applicant who will forward it to the University.

1. How long have you known the applicant and in what capacity?

2. What do you consider to be the applicant's main strengths and weaknesses?

3. Bearing in mind the specialism chosen, what is your opinion of the applicant's suitability for this programme?

4. Is there any information which you feel is relevant? (e.g. expected examination results, if appropriate) Please continue on a separate sheet if necessary.

5. Please rate the applicant with respect to the following categories:

		Outstanding (top 5%)	Above average	Average	Below average	No of students in group
Academic potential						
Analytical ability						
Originality						
Capacity for fluent and logical communication	Oral					
	Written					
Diligence						
Overall rating						

Name and position

Address

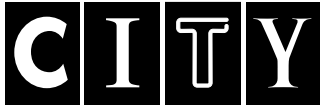
Tel/Fax

email

Referee's signature

Date

Institution stamp (if unavailable please provide a compliment slip or sample of headed paper).



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Diligence						
Overall rating						

Name and position

Address

Tel/Fax

email

Referee's signature

Date

Institution stamp (if unavailable please provide a compliment slip or sample of headed paper).

## 8. Declaration of a Criminal Record

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Rehabilitation of Offenders Act (1974)

The educational programmes for which you are applying are exempt from the Rehabilitation of Offenders Act. This means that you must declare any criminal convictions [even if they are spent]. Please note that a “conditional discharge” is a conviction. You must therefore answer the following question.

Have you ever had a criminal conviction?      Yes                       No

## 9. References

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I confirm that I have printed off pages 6, 7, 8 and 9 will forward these two references on to my referees (please tick).

## 10. Declaration

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I certify that the information given above is correct and hereby undertake, if admitted as a student of City University, to observe and comply with all ordinances and regulations of the University.

**Information on City University’s Ordinances and Regulations is available at: [www.city.ac.uk/ads/oandr/](http://www.city.ac.uk/ads/oandr/)**

I agree that the information given on this form may be processed by the University in accordance with the Data Protection Act 1998 for the purpose of the application and selection process and any subsequent admissions process. The data given is also subject to the Freedom of Information Act 2000. I consent to the storage of this and additional information obtained from myself and other persons in manual and computerised files.

**Information on City University’s policy governing the processing of personal data under the Data Protection Act (1998) is available at: [www.city.ac.uk/dataprotection/](http://www.city.ac.uk/dataprotection/)**

Date:

Signature:

If applying online, please tick here to indicate you agree with the above declaration: