

Application for Postgraduate Study

Cranfield
UNIVERSITY

Silsoe

Please complete all sections of this form and return it to the address shown on the reverse of this form. Please pass the two reference request forms to your referees. Each reference must be returned direct to Cranfield by the referee.

All data held by the University will be treated as confidential and will only be processed for purposes connected with your studies, or your health and safety while on the University's premises, or for other legitimate reasons such as the compilation of statistics by UK government funding bodies, HESA or (where appropriate) UCAS. All data is kept and processed in accordance with current Data Protection Legislation.

Student number
(Office use only)

PERSONAL DETAILS HESA Student No (if applicable):

Title: Surname/Family Name:
(Mr, Ms, Mrs, Miss, Dr etc)

First Names:

Male/Female: Nationality:

Date of Birth: Day Month Year

Country of permanent residence:

CONTACT DETAILS

1. Address for correspondence

Country (if **NOT** in UK) or Postcode (if in UK)

Daytime Telephone:

Evening Telephone:

Fax, Email or Telex if available:

2. Permanent Address if different from Address 1

Country (if **NOT** in UK) or Postcode (if in UK)

Daytime Telephone:

Evening Telephone:

Fax, Email or Telex if available:

If you are to change addresses, please state when we should begin to write to you at Address 2:

STUDY DETAILS

Your Proposed Date of Entry Month: Year: Study Mode: Part time/Full time/Modular

1st Choice Programme of Study: PhD EngD MPhil MRes MSc Pg Dip Double Deg

1st Choice Course Title/ Area of Research Interest: School/Department/Centre:

If you wish to apply to two courses of study please indicate your second choice below:

2nd Choice Programme of Study: PhD EngD MPhil MRes MSc Pg Dip Double Deg

2nd Choice Course Title/ Area of Research Interest: School/Department/Centre:

OFFICE USE

REGISTRY Fee Status HQ/LQ Lang QEvid How found:

DEPARTMENT

| | | | |
|-------|-------|-------------|-------|
| Time: | Date: | Interviewer | Lunch |
|-------|-------|-------------|-------|

Departmental Recommendation

| | | | |
|-----------------|-------------------------|------------------------|-------|
| Accept / Reject | Course Details – Title: | | |
| Length: | Start Date: | Supervisor (if known): | |
| Signed: | | | Date: |
| Accept / Reject | Course Details – Title: | | |
| Length: | Start Date: | Supervisor (if known): | |
| Signed: | | | Date: |

Offer conditions (please tick)

Financial Guarantee References English Qualifications (please specify) Other (please specify)

EDUCATIONAL HISTORY

| SCHOOL | | |
|----------------|----------------------------|-----------------------------------|
| Dates Attended | Name and address of School | Qualification and Grades Achieved |
| | | |

HIGHER/PROFESSIONAL/VOCATIONAL EDUCATION (including current studies). If your qualification is not from a UK university, please enter the actual title of the award (not its equivalent to the UK classification), and enclose a complete transcript of your academic records.

| Dates Attended and whether full or part-time study | Name and address of Institution | Subject(s) Studied or Degree Title | Qualification and Grades Achieved | UK equivalent (Registry use only) |
|---|---------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| | | | | |

Have you studied at Higher Education level in the UK before? YES NO (please tick box)

ENGLISH LANGUAGE QUALIFICATIONS: If English is not your first language, please give details of English language courses attended and qualifications attained. Please include (or send later) some evidence of your English language ability. IELTS is preferred, however if IELTS is unavailable then TOEFL is acceptable.

| Examining board/authority | Exam title | Result | Date |
|---------------------------|------------|--------|------|
| | | | |

EMPLOYMENT HISTORY

| Dates | Post | Organisation Name and address | Brief Description of Duties |
|-------|------|-------------------------------|--|
| | | | <p style="text-align: right;"><i>(If necessary continue on a separate sheet)</i></p> |

FURTHER INFORMATION – Candidates are invited to include here relevant information for which no provision is made elsewhere on this form, eg proficiency in other languages. An indication of career aspirations and motivation for following the programme of study/research at Cranfield should be included.

Applicants for research degrees are required to submit, on a separate sheet, details of their particular research interests. If you have a specific research topic in mind, please include a brief outline (up to 400 words) to enable the University to assess whether appropriate supervision is available. Wherever possible details of the proposed methodology and any special equipment needs should be given.

Alternatively, please indicate if you would like advice on research opportunities available.

Name:

EQUAL OPPORTUNITIES

Cranfield University is committed to a policy of equal opportunity for all its students. Monitoring the composition of the student body will help the University to take steps to ensure that it does not discriminate. The classification used is in accordance with that used in the census.

Ethnic Origin

I would describe my ethnic origin as (*please tick box*):

- | | | |
|---|--------------------------|----|
| White - British | <input type="checkbox"/> | 11 |
| White - Irish | <input type="checkbox"/> | 12 |
| Other White background | <input type="checkbox"/> | 19 |
| Black or Black British - Caribbean | <input type="checkbox"/> | 21 |
| Black or Black British - African | <input type="checkbox"/> | 22 |
| Other Black background | <input type="checkbox"/> | 29 |
| Asian or Asian British - Indian | <input type="checkbox"/> | 31 |
| Asian or Asian British - Pakistani | <input type="checkbox"/> | 32 |
| Asian or Asian British - Bangladeshi | <input type="checkbox"/> | 33 |
| Chinese or other Ethnic background - Chinese | <input type="checkbox"/> | 34 |
| Other Asian background | <input type="checkbox"/> | 39 |
| Mixed - White and Black Caribbean | <input type="checkbox"/> | 41 |
| Mixed - White and Black African | <input type="checkbox"/> | 42 |
| Mixed - White and Asian | <input type="checkbox"/> | 43 |
| Other Mixed background | <input type="checkbox"/> | 49 |
| Other Ethnic background (<i>please specify</i>) | <input type="checkbox"/> | 80 |

Disability

Please tick the box which best describes your status with respect to any disability:

- | | | |
|--|--------------------------|----|
| No known disability | <input type="checkbox"/> | 00 |
| Dyslexia | <input type="checkbox"/> | 01 |
| Blind/partially sighted | <input type="checkbox"/> | 02 |
| Deaf/have a hearing impairment | <input type="checkbox"/> | 03 |
| Wheelchair user/have mobility difficulties | <input type="checkbox"/> | 04 |
| Personal care support | <input type="checkbox"/> | 05 |
| Mental health difficulties | <input type="checkbox"/> | 06 |
| Unseen disability, eg diabetes, epilepsy, asthma | <input type="checkbox"/> | 07 |
| Multiple disabilities | <input type="checkbox"/> | 08 |
| A disability not listed above | <input type="checkbox"/> | 09 |

Is your disability

- | | | |
|--|------------------------------|-----------------------------|
| A registered disability | <input type="checkbox"/> | 02 |
| A disability which is not registered | <input type="checkbox"/> | 03 |
| Are you in receipt of a Disabled Students Allowance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REFERENCES

Please state below the names, addresses (and telephone number if known) of the referees whom you have asked to complete the reference forms. Please note: applications may not be considered until references are received.

Referee 1:

Name

Address

Postcode

Tel:

Fax:

Email:

Referee 2:

Name

Address

Postcode

Tel:

Fax:

Email:

If a referee is your **current employer** and you do not wish, at this stage, to contact him/her, please do **not** write the name and address but enter 'current employer, do not contact yet'.

FINANCIAL DETAILS

How will your fees and living expenses be financed? Please give full details of any sponsoring organisation(s) including letters of sponsorship. Please note: if you are unable to secure sponsorship you will be personally liable for the full cost of the course.

How did you first find out about Cranfield?

CU Prospectus

Oth CU Publicn

Directory:

CU Website:

Other Website:

Journal:

Newspaper:

Personal Recommendation by:

Current/Former Student

Company/Employer

Someone Else

Other:

SUPPORTING INFORMATION

(please tick box)

ENCLOSED

TO FOLLOW

Transcript of overseas qualification

Evidence of English language ability

**Statement of research interest

Financial guarantee

References

Other: (please specify)

**Applicants for Research Degrees only

DECLARATION

I declare that the information on this form is correct to the best of my knowledge and agree, if registering as a student, to abide by all of the University's regulations.

Signed:

Date:

Admissions

Postgraduate Admissions

Cranfield University, Cranfield, BedfordshireMK43 0AL, England

Telephone: +44 (0) 1234 754171

Fax: +44 (0) 1234 752462

Email: registry@cranfield.ac.uk

School of Industrial & Manufacturing Science and International Ecotechnology
Research Centre Tel: +44 (0) 1234 754155 Fax: +44 (0) 1234 752462

School of Management

Tel: +44 (0) 1234 754156 Fax: +44 (0) 1234 752462

School of Engineering

Tel: +44 (0) 123 754155/4156 Fax: +44 (0) 1234 752462

Cranfield University at Silsoe

Tel: +44 (0) 1234 754009 Fax: +44 (0) 1234 752462

PLEASE DO NOT USE STAPLES

Admissions Tel: +44 (0) 1234 754171
Cranfield University, Cranfield Fax: +44 (0) 1234 752462
Bedfordshire MK43 OAL Email: registry@cranfield.ac.uk



Application for Postgraduate Study: Reference Request

Student Number:

(Office use only)

To the Applicant

Please arrange for two referees to provide a reference, preferably typewritten on letterhead paper. Select at least one referee who can comment on your recent academic ability or employment experience. Please complete the section below.

YOUR FAMILY NAME/SURNAME FIRST NAMES

Programme and Subject of Study applied for at Cranfield University

Proposed Start Date

To the Referee

Thank you for your co-operation in completing this reference request. The person named above has applied for post-graduate study at Cranfield University. Please comment on the applicant's suitability to undertake such studies. Where possible, please try to cover the following points in your reference:

- In what capacity you have known the applicant and for how long
- If the applicant is still studying, the likely result he or she will obtain
- The applicant's ability to work alone and in a team
- The applicant's general character
- Any particular strengths or weaknesses
- How the applicant's achievements compare to those of his or her peers
- The applicant's skill in the use of English where English is not his or her first language

Your reply will be treated in confidence.

Please attach this form to the reference, and return both to Postgraduate Admissions, Cranfield University, Cranfield, Bedfordshire, MK43 OAL

Thank you for your assistance.

Name of Referee:

Title/Post Held

Name and address of Organisation