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UNIVERSITY of GLASGOW

University of Glasgow Application for Graduate Studies

APPLICATION FOR GRADUATE STUDIES

Please consult the booklet Notes for Applicants and the Prospectus when completing this form as different departments require different information. PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

This information is available in other formats upon request, for example for the visually impaired.

1 Personal Details App. Ref. no (official use only) _____

Once completed, you must return this form to the Department / Faculty / Graduate School to which you are applying-see Notes for Applicants

Family Name / Surname

Other Name(s)

Title Dr / Mr / Ms etc Gender (please tick) M F Date of Birth / /

If you are a member of the staff of the University of Glasgow, please give your Staff Number

Permanent Address

.....

.....

..... Post / Zip code

E-mail

Tel No. Fax No.

Correspondence / Employer's Address/Agent (if different from above)

.....

.....

..... Post / Zip Code

E-mail

Tel No. Fax No.

Dates at Correspondence Address – from / / until / /

Country of Permanent Residence

Nationality

Ethnic Origin Code (See Notes for Applicants)

Disability / Special Needs Code (See Notes for Applicants)

Are you in receipt of the Disabled Student Allowance? (please tick) Yes No

2 Programme of Study Please refer to the Prospectus for details of Research degrees and Taught programmes

Are you applying to be a Research student, or for a Taught degree programme? (please tick) Research Taught

Intended start date / / Mode of study (please tick) Full time Part time

Research –

Graduate School / Department

Qualification / Degree (PhD) (MSc by research) etc

Research / Theme / Title / Project

.....

Prospective Supervisor(s)

Taught –

Graduate School / Department

Name of degree / Course / Module(s) / Strand

Qualification (MSc) (MPhil) (MRes) (PgDip) etc

10 Referees See Notes for applicants

Referee One – Name and Address

.....

Post / Zip Code

 Tel No.  Fax No.

 E-mail

Referee Two – Name and Address

.....

Post / Zip Code

 Tel No.  Fax No.

 E-mail

11 Source of Information How did you hear about Graduate Studies at the University of Glasgow?
Please tick as many as apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Careers Service | At a Graduate Recruitment Fair (where) |
| <input checked="" type="checkbox"/> Webpages | <input type="checkbox"/> Hobson's Guide | Education Magazine / Guide (please name) |
| <input type="checkbox"/> Other website | <input type="checkbox"/> Hobson's website | Web Search Engine (please name) |
| <input type="checkbox"/> Poster | <input type="checkbox"/> CSU Prospects Guide | Word of mouth (whom) |
| <input type="checkbox"/> British Council | <input type="checkbox"/> CSU Prospects website | Other source (please name) |

Now complete the checklist and declaration overleaf.

12 Checklist and Declaration

See Notes for Applicants

1 I have enclosed documentary evidence of (please tick)

- i) academic and professional qualifications
- ii) proficiency in English
- iii) financial support

Copies should be sent at this stage. Do not send original documents. You may be asked to provide these for examination later.

2 Two confidential references in sealed envelopes 3 CV, if requested 4 Research proposal, or sample of academical work if required 5 I have signed the declaration below

Criminal Convictions

You are required to state whether or not you have, or have had, any criminal conviction.

You must tick the "YES" box if you have a conviction, but not including:

- a motoring offence that you received a fine or three penalty points for;
- a **spent sentence** (as defined by the Rehabilitation of Offenders Act 1974), except for certain courses (see below*).

If you tick the "YES" box, the University may ask you for further details. The University will not record or keep details of your criminal convictions.

* You should be aware that certain courses, particularly in teaching, health social work and other courses involving work with children, you must tell us about any criminal conviction, including spent sentences and cautions. If you want to check whether this applies to you, please contact the University.

If you have not been convicted of a criminal offence, you must tick the "NO" box.**IF YOU DO NOT TICK EITHER BOX, YOUR FORM WILL BE RETURNED FOR COMPLETION.**

Please note that if you are convicted of a criminal offence while your application is being processed or during the course of your studies, you should notify the University immediately.

STATEMENT BY APPLICANT	Do you have any criminal convictions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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I hereby apply for Graduate Studies at the University of Glasgow and I confirm that the information given in this form is correct. I confirm that the documentation I have supplied with my application is genuine, and I understand that the University will withdraw my application if any aspect of my application is found to have been falsified.

I hereby confirm that I understand that the University of Glasgow will accept no liability for my tuition fees or living expenses in the event of my admission.

Signature..... Date.....

PLEASE SEND YOUR APPLICATION TO THE ADDRESS SHOWN IN **NOTES FOR APPLICANTS** FOR THE GRADUATE SCHOOL OR FACULTY TO WHICH YOU ARE APPLYING.

The University collects information about its students for various academic, administrative, health and safety reasons. The information is processed in accordance with the 1998 Data Protection Act, and is disclosed to third parties only with the individual's consent or to meet a statutory obligation, an example of which is the disclosure of information to the Higher Education Statistics Agency.

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Refer to Dr J Brown?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date referred _____
Checked by Dr J Brown	_____	Date	_____
Comments:			

University of Glasgow
Glasgow G12 8QQ, Scotland UK

<http://www.gla.ac.uk/>

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Applicant's Name

App. Code

FOR COMPLETION BY HEAD OF DEPARTMENT

Admission Recommended (please tick) Yes No

Conditions (for admission) or Reasons (for rejection)

.....

.....

Qualification (please ring)

CBA	Cert	DClinPsy	DDS	Dip	LLM	MAcc	MArch
MBA(FT)	MBA(PT)	MCC	MD	MEd	MFA	MFin	MLitt
MMus	MN	MPH	MPhil(R)	MPhil(T)	MRes	MSc(R)	
MSc(T)	MSW	MTh(T)	MTh(R)	MVM	PhD		

Research Topic / course Title

Advisor

Supervisor(s)

Funding Source

Bench Fee / Discount Details (if any)

Is the research project as outlined one which, with reasonable diligence, will be completed within the statutory period of study? Yes No

Is the applicant sufficiently well-prepared to meet that target? Yes No

Suggested start date (to be approved by Head of Department)

Signature of Supervisor(s) / Director of Studies

University Staff Number(s)

Signature of Head of Department

FOR COMPLETION ON BEHALF OF THE HIGHER DEGREES COMMITTEE

Admission Approved (please tick) Yes No

Conditions

Signature of Convener

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Date received Date offer sent Reply

FEE STATUS (please ring)

Home / EU Full-time	Home / EU Clinical	Home / EU Part-time	Home / EU Pre-clinical	Overseas Full-time
Overseas Clinical	Overseas Part-time	Overseas Pre-clinical	Research Assistant	Staff

- CHECKLIST
- Two References Engl Score Funding guarantee Academic Certs
- Research Proposal / Sample of recent academic work