

**Undergraduate
Application Form**

JANUARY ENTRY

UNIVERSITY OF WALES
L A M P E T E R



PRIFYSGOL CYMRU
LLANBEDR PONT STEFFAN

Admissions Office, University Of Wales, Lampeter, Wales SA48 7ED.
Tel: 01570 424829 Fax: 01570 423530
admissions@lamp.ac.uk

PLEASE WRITE IN BLOCK CAPITALS AND USE BLACK INK

PERSONAL DETAILS

Surname/Family Name	Title (e.g. Mr/Miss/Ms/Mrs/Rev.)
First Names	Date of Birth <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D D / M M / Y Y Y Y
Home Address	Correspondence Address (if different)
Postcode	Postcode
Telephone Number	County of Birth
Mobile Telephone Number	Country of Residence
E-mail address	

COURSE DETAILS

Course Level : <input type="checkbox"/> BA <input type="checkbox"/> DipHE	Mode of study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Proposed Course Title:	

STUDENT SUPPORT

Do you have a disability(including dyslexia)/enduring medical condition ? Yes No

(Upon receipt of your application we will contact you for further information about the nature of your disability. This is to enable us to supply details of the available support relevant to your needs).

3. Qualifications Pending

Examining Board	Subject	Level	Results Due (date)

Have you applied for any other universities this session? Yes No
(This will *not* prejudice your application)

ACCOMMODATION

If accepted onto your course of study will you require campus accommodation?
Yes No

DECLARATION

I wish to apply for entry to the University of Wales, Lampeter and understand that admissions will be subject to university selection procedures.

I certify that to the best of my knowledge the information provided on this form is correct and that, if admitted, I shall abide by the rules and regulations of the University of Wales, Lampeter.

I understand that the information provided on this form will be used in accordance with the Data Protection Act 1998.

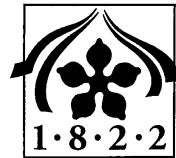
Signature _____ Date _____

Please complete the Reference Form. It may be sent with your application or separately by your referee. You will not receive an offer until your reference is received.

REFERENCE

UNDERGRADUATE
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To be completed by the applicant

Surname/Family Name _____	Title _____ (e.g. Mr/Miss/Ms/Mrs/Rev.)
First Names _____	
Home Address _____ _____ _____	Correspondence Address (if different) _____ _____ _____
Postcode _____	Postcode _____

Proposed Course Title:

To be completed by the Referee

The above-named has applied to study on a degree course at the University of Wales, Lampeter.

We would be grateful if you could provide a short report as to the academic ability of this candidate to pursue this course

Surname/Family Name _____	Title _____ (e.g. Mr/Miss/Ms/Mrs/Rev.)
First Names _____	
Telephone Number:	E-mail address
Home Address _____ _____ _____	Correspondence Address (if different) _____ _____ _____
Postcode _____	Postcode _____
Relationship to the applicant	

REFERENCE

Please provide your reference here and return the two sheets to the address at the beginning of the section.

School/College Stamp (where applicable)	Signature	Date