

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE
APPLICATION FOR MSc/MPhil/PhD/DrPH



PLEASE COMPLETE ALL SECTIONS. PLEASE WRITE CLEARLY, IN BLOCK CAPITALS

PERSONAL DETAILS

Family Name _____	Title (Dr/Mr/Mrs etc) _____
Other Names _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality _____	Date of Birth day / month / year
Do you have the right to permanent residence in the UK / EU? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, when did your current residence in the UK / EU start? day / month / year	
Please state the date you were granted the right to permanent residence in the UK / EU day / month / year	

PERMANENT ADDRESS	CORRESPONDENCE ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
Postcode _____	Postcode _____
Country _____	Country _____
Telephone _____	Telephone _____
Fax number _____	Fax number _____
Mobile number _____	This address is valid until day / month / year
e-mail address _____	_____

PROPOSED STUDIES

MSc COURSES ONLY

Full-time Part-time Split study Proposed Year of Entry _____

1st choice _____

2nd choice _____

3rd choice _____

4th choice _____

If you are applying for MSc Health Policy, Planning & Financing, you can also use this form to apply for other courses at the London School of Economics

MPhil/PhD/DrPH STUDIES ONLY

DrPH MPhil/PhD MPhil only Full-time Part-time Associate

Proposed Start Date day / month / year

Department _____

Proposed topic _____

Please attach a description of your proposed research project on a separate A4 page.

If you have already contacted an academic member of staff concerning your proposed studies, please give their name

If you are applying for the DrPH, please state below where you expect to undertake your Professional Attachment and enclose a separate description

HIGHER EDUCATION (Degrees, Diplomas etc, held or currently being taken)

UNIVERSITY/ COLLEGE	DEGREE (e.g. BA, MSc)	SUBJECT	DATE OF COURSE		FINAL RESULT
			FROM	TO	
_____	_____	_____	month / year	month / year	_____
_____	_____	_____	month / year	month / year	_____
_____	_____	_____	month / year	month / year	_____

If possible, please send a transcript with your application - it may decrease the processing time.

If you are registered with the UK GMC, state your registration number _____

PRIZES AND PUBLICATIONS**LANGUAGES**

First Language _____
Other Languages _____

ENGLISH LANGUAGE TESTS TAKEN	DATE OF TEST	SCORE/GRADE
_____	month / year	_____
_____	month / year	_____

If you have taken an English test, please send an original copy of the result to Registry, when available

EMPLOYMENT / RESEARCH EXPERIENCE (Give most recent first)

DATES OF EMPLOYMENT	BRIEF DESCRIPTION	NAME & ADDRESS OF EMPLOYER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue on a separate sheet of paper if necessary. Please also include your CV and transcripts where available.

REFEREE DETAILS

If you have studied in the last 5 years you must include a reference from an academic authority familiar with your work. If you are, or have been employed, the second reference should be from your employer. If you have not been employed, the second reference should be from another academic authority.

FIRST REFEREE		SECOND REFEREE	
Name	_____	Name	_____
Position	_____	Position	_____
Address	_____	Address	_____
	_____		_____
	_____		_____
Phone	_____	Phone	_____
Fax	_____	Fax	_____
e-mail	_____	e-mail	_____

YOU SHOULD SEND YOUR REFERENCES IN A SEALED ENVELOPE WITH YOUR APPLICATION.

REASONS FOR APPLYING

WHY DO YOU WISH TO TAKE A PARTICULAR COURSE OF STUDY/RESEARCH TRAINING? HOW DOES IT FIT INTO YOUR CAREER OBJECTIVES?

Where the Entrance Requirements for an MSc for which you have applied include experience of working in particular areas or fields, please state how you meet this requirement.

Continue on a separate sheet of paper if necessary. If you applying for more than one course, give reasons for each choice.

TUITION FEES

Who is paying your tuition fees? Fees will be fully or partly paid by a sponsor (give details below)

I will pay my own fees

I have applied for sponsorship (give details below)

SPONSOR NAME & ADDRESS

AMOUNT OF AWARD

Date decision expected

month / year

Please send proof of sponsorship to the Registry, when you have it

MAINTENANCE (LIVING COSTS)

Who is paying your living expenses? My living costs will be fully or partly paid by a sponsor (give details below)

I will pay my own living costs

I have applied for sponsorship for living costs (give details below)

SPONSOR NAME & ADDRESS

AMOUNT OF AWARD

Date decision expected

month / year

Please send proof of sponsorship to the Registry, when you have it

HOW DID YOU HEAR ABOUT US?

How and where did you hear about the course to which you have applied? _____

If you applied in response to an advert, please state the reference code _____

APPLICANTS FOR MSc TROPICAL MEDICINE & INTERNATIONAL HEALTH ONLY

Have you been convicted of any criminal offence or been suspended, disqualified or prohibited from practising medicine or from being registered as a medical practitioner in any country? Yes No

If yes, please provide details in an attached letter

CHECKLIST

Please check that you have:

- enclosed your references with this application form
- completed all sections of this application form and, if possible, attached a CV and an academic transcript
- enclosed an overview of your research topic if you are applying for a research degree (MPhil/PhD/DrPH)
- enclosed a description of your proposed Professional Attachment, if you are applying for the DrPH
- provided details of any outstanding obligations or commitments to a current or former sponsor or employer
- indicated second and third choices for MSc courses, as some courses are very popular and often oversubscribed
- if your degree was taken outside the UK a full transcript of courses taken and grades obtained must be submitted
- read and signed the declaration below

DECLARATION (Please read and sign below)

I certify that the statements made by me on this form are correct and complete

I certify that I am not and will not be concurrently registered for another degree of the University of London

I understand that this application may be considered for School courses other than those to which I have applied

I confirm that, if admitted to the School, I will abide by the School regulations

I understand that, if admitted to the School, the School will not be able to provide financial assistance either by grant or by remission of fees

I confirm that I have no undisclosed obligations or commitments to any current or former sponsors or employers

Signature _____

Date _____

PLEASE RETURN THIS FORM AND REFERENCES AND ANY ATTACHMENTS TO:

THE REGISTRY, LSHTM, 50 BEDFORD SQUARE, LONDON WC1B 3DP

TELEPHONE: +44 (0) 20 7299 4646, FAX: +44 (0) 20 7323 0638, e-mail: registry@lshtm.ac.uk