Please attach a recent photograph

UWCN

UNIVERSITY OF WALES COLLEGE, NEWPORT

COLEG PRIFYSGOL CYMRU, CASNEWYDD

INTERNATIONAL STUDENT (NON EU) COURSE APPLICATION

PLEASE COMPLETE IN BLOCK CAPITALS

1. COURSE REQUIRED:

Name of Course

2. PERSONAL DETAILS :			**ADDRESS:**
Title (Mr/Mrs/Ms/Miss etc.):			
Surname/Family Name:			
First/Given Name(s):			
Date of Birth:			
Country of Birth:		Telephone:	
Nationality:		Fax:	
Religion:		E-mail:	

3. Fees: Who will be paying your fees? e.g. you, family member, employer, other:

4. ACADEMIC OR PROFESSIONAL QUALIFICATIONS: PLEASE LIST QUALIFICATION IN DATE ORDER. IF YOU ARE AWAITING ANY RESULTS PLEASE WRITE 'PENDING' IN THE RESULTS COLUMN. **PLEASE ATTACH CERTIFICATES**.

Qualifications	Date		School/Institution	Result
	Month	Year		

5. ENGLISH LANGUAGE: IF ENGLISH IS NOT YOUR FIRST LANGUAGE, PLEASE GIVE DETAILS OF YOUR ENGLISH LANGUAGE QUALIFICATION, E.G. IELTS OR TOEFL SCORE:

6. WORK EXPERIENCE/TRAINING: PLEASE GIVE DETAILS OF WORK EXPERIENCE AND TRAINING YOU HAVE UNDERTAKEN:

JOB TITLE AND NATURE OF WORK OR TRAINING	NAME OF ORGANISATION	FULL OR PART TIME	FROM		TO	
			MONTH	YEAR	MONTH	YEAR

7. DISABILITY/MEDICAL CONDITIONS: IF YOU HAVE A DISABILITY OR MEDICAL CONDITIONS PLEASE GIVE DETAILS BELOW. INDICATE ANY SPECIAL FACILITIES THAT YOU MIGHT REQUIRE:

8. FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION: PLEASE GIVE ANY FURTHER INFORMATION BELOW TO SUPPORT YOUR APPLICATION:

9. ACCOMMODATION:

If Accepted would your require accommodation on campus?	Yes ☐ No ☐

10. REFEREES: PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES, ONE MUST BE ACADEMIC:

NAME:		NAME:	
ADDRESS:		ADDRESS:	
TELEPHONE:		TELEPHONE:	
FAX:		FAX:	

11. DECLARATION: I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN IN THIS FORM IS CORRECT AND COMPLETE. IF ACCEPTED, I UNDERTAKE TO COMPLY WITH THE UNIVERSITY COLLEGE REGULATIONS. I RECOGNISE THAT THE UNIVERSITY COLLEGE HAS THE RIGHT TO REQUIRE MY WITHDRAWL AT ANY TIME IN THE EVENT OF UNSATISFACTORY WORK OR CONDUCT.

12. SIGNATURE:		**13. DATE:**	

PLEASE RETURN THIS FORM TO:

INTERNATIONAL AFFAIRS, UNIVERSITY OF WALES COLLEGE NEWPORT, CAERLEON CAMPUS,
PO BOX 179, NEWPORT, NP18 3YG, UNITED KINGDOM.
TEL: ++ 44 (0) 1633 432077 FAX: ++ 44 (0) 1633 432832 E-MAIL: international@newport.ac.uk