

APPLICATION FOR ADMISSION AS A POSTGRADUATE STUDENT – MEDICINE AND DENTISTRY ONLY.

Non-medical and dental applications should use the general postgraduate form. If there is not a copy in the prospectus please ring freephone (UK callers only): 0800 376 1800 or tel:+44 (0)20 7882 5533.

Personal details

Family name(s):	Other name(s):
Previous family name(s):	Marital status:
Sex: Title:	Date of birth:
Nationality:	Area of permanent residence:
Country of birth:	
Home address:	Correspondence address:
Postcode:	Postcode:
Telephone:	Telephone:
Fax:	Fax:
email:	email:

Course details

To which department of the School are you applying? _____

For which programme are you applying?	MPhil/PhD* <input type="checkbox"/>	MPhil only* <input type="checkbox"/>
	MSc <input type="checkbox"/>	MClinDent <input type="checkbox"/>
	Diploma <input type="checkbox"/>	Certificate <input type="checkbox"/>
	Module <input type="checkbox"/>	MRes <input type="checkbox"/>
		MMedSci <input type="checkbox"/>

Name of programme for which you are applying _____

If you are applying for a Research degree, please give the name of your intended supervisor (if known)

Indicate your preferred mode of study (if applicable): full-time part-time

State the month and year when you wish to begin the programme _____

***You are required to attach a statement outlining the academic area in which you wish to undertake research. Applications cannot be considered without this statement of research interests. Guidelines for research students are available on the Graduate Studies website: www.smd.qmul.ac.uk/cgs/guide.htm**

Previous education and employment history (Please attach a copy of your degree certificate and/or a transcript of grades to date)

DEGREES – continue on separate sheet if necessary

Title (eg BA, BSc, MBBS) and classification/grade	Main field of study	Name, address and country of institution(s) attended	Dates of study from – to	Date of qualification

PROFESSIONAL QUALIFICATIONS (if applicable)

Title (eg MRCP, FDS etc) and result achieved	Level and field of study	Name, address and country of institution(s) attended	Dates of study from – to	Date of qualification

EMPLOYMENT HISTORY

Job title	Employer's name <u>and</u> address	Dates from – to	Brief description of main duties and responsibilities

Other information

Is English your first language? _____

If not, have you followed a university course in English before? _____

Please give dates and scores of any English language tests eg: TOEFL/IELTS you have taken _____

The School normally requires an overall score of at least 6.5 IELTS or TOEFL 590, however some departments require a higher minimum score and applicants are advised to consult the prospectus or contact the relevant department for further details.

Finance

What has been your country of residence for the last three years?		Office use only
Non EU Nationals who have permanent right of abode in the UK should attach a copy of the relevant Home Office Documents		
How will you finance your studies?		Nationality: Domicile:
Please give details of any scholarships or grants for which you are applying/wish to be considered		
Please provide written evidence of any scholarships or grants which you have already secured		Fee status:

NB: MPhil/PhD students are normally required to have sufficient funding for the duration of the programme
Full-time students - minimum of three years funding required
Part-time students - minimum of four years funding required

References

Please give the names and addresses of the academic referees to whom Reference Request Forms are being sent

Name: _____
Occupation: _____
Address: _____

Telephone: _____
Fax: _____
email: _____

Name: _____
Occupation: _____
Address: _____

Telephone: _____
Fax: _____
email: _____

Previous Queen Mary students

Have you ever attended **any** programme of study at Queen Mary, University of London? If so, please give details:

Briefly state why you wish to undertake this programme of study

(please also attach a brief Curriculum Vitae)

All sections of this form MUST be completed by the applicant before forwarding to the referee.

Applicant Details

Surname or Family name: _____
Forenames/Other names: _____
Date of Birth: _____
Programme(s) applied for: _____

Referee Details

Full name of Referee: _____
Occupation: _____
Institution and address: _____

Once you have completed all sections of this reference form please send it to the referee named above.

At the same time, you should send your formal application to Queen Mary, University of London. Remember, we may have difficulty matching your references and application if the references arrive first.

All sections of this form MUST be completed by the applicant before forwarding to the referee.

Applicant Details

Surname or Family name: _____
Forenames/Other names: _____
Date of Birth: _____
Programme(s) applied for: _____

Referee Details

Full name of Referee: _____
Occupation: _____
Institution and address: _____

Once you have completed all sections of this reference form please send it to the referee named above.

At the same time, you should send your formal application to Queen Mary, University of London. Remember, we may have difficulty matching your references and application if the references arrive first.

This form is sent to you by the applicant named overleaf, who is applying to Queen Mary, University of London for admission to the programme named. You are requested, therefore, to give your opinion on the applicant's suitability on academic and general grounds for the programme(s) of study s/he has applied for.

If you are familiar with the applicant's academic studies, it would be appreciated if you could give detailed information on the results obtained and general performance. Where the applicant has not yet graduated, an indication of the likely result will be helpful. Overseas referees are asked in particular to offer some explanation of the grading system and the applicant's performance relative to other students. It would also be useful if you would comment on the applicant's English proficiency

The reverse of this form is designed to assist us in matching references to applications received. Therefore, **please attach this form to your reference** as this will greatly speed up the processing of the application.

It will also greatly assist the consideration of the candidate's application if you can make an early response to this request.

Please send your reference, with this form attached in a plain white envelope signed and sealed to:

The Graduate School
Education Directorate
Barts and The London School of Medicine and Dentistry
First Floor
Robin Brook Centre
St Bartholomew's Hospital
West Smithfield
London
EC1A 7BE

Tel: +44 (0)20 7601 8603 Fax: +44 (0)20 7601 8812 email: pgsmd@qmul.ac.uk

Thank you in advance for your assistance.

PLEASE NOTE THAT ALTHOUGH THE COLLEGE WILL TREAT THIS REFERENCE AS CONFIDENTIAL WE ARE OBLIGED UNDER THE DATA PROTECTION ACT 1998 TO PROVIDE A STUDENT WITH A COPY OF THIS REFERENCE IF REQUESTED

This form is sent to you by the applicant named overleaf, who is applying to Queen Mary, University of London for admission to the programme named. You are requested, therefore, to give your opinion on the applicant's suitability on academic and general grounds for the programme(s) of study s/he has applied for.

If you are familiar with the applicant's academic studies, it would be appreciated if you could give detailed information on the results obtained and general performance. Where the applicant has not yet graduated, an indication of the likely result will be helpful. Overseas referees are asked in particular to offer some explanation of the grading system and the applicant's performance relative to other students. It would also be useful if you would comment on the applicant's English proficiency

The reverse of this form is designed to assist us in matching references to applications received. Therefore, **please attach this form to your reference** as this will greatly speed up the processing of the application.

It will also greatly assist the consideration of the candidate's application if you can make an early response to this request.

Please send your reference, with this form attached in a plain white envelope signed and sealed to:

The Graduate School
Education Directorate
Barts and The London School of Medicine and Dentistry
First Floor
Robin Brook Centre
St Bartholomew's Hospital
West Smithfield
London
EC1A 7BE

Tel: +44 (0)20 7601 8603 Fax: +44 (0)20 7601 8812 email: pgsmd@qmul.ac.uk

Thank you in advance for your assistance.

PLEASE NOTE THAT ALTHOUGH THE COLLEGE WILL TREAT THIS REFERENCE AS CONFIDENTIAL WE ARE OBLIGED UNDER THE DATA PROTECTION ACT 1998 TO PROVIDE A STUDENT WITH A COPY OF THIS REFERENCE IF REQUESTED

Disability

All applications are considered on academic merit in accordance with the College's commitment to promoting equal opportunities for all applicants. It would assist us in offering you appropriate advice if you would give brief details of any disability or special requirements you may have.

A detailed guide outlining current policy and provision for student's with special needs is available on the Queen Mary Web site. www.admin.qmul.ac.uk/welfare/dld/

Hepatitis B

All Clinical students must provide, with their declaration of health, an original or certified copy of an authentic laboratory report from a United Kingdom source depicting either their level of Hepatitis B antibody or results confirming that they are not infectious carriers of the disease Hepatitis B. All students will be screened by the Occupational Health Officer if their application is accepted. Evidence of immunity to Rubella and TB may be required by certain departments.

Declaration

1. I certify that the statements made by me on this form are correct. I understand that the College reserves the right to withdraw any offer it may make, should any statement in this application prove to be false.
2. I confirm that, if admitted to the College, I will conform to all College Regulations.
3. I understand that, if admitted to the College, should my funds at any time during my course prove to be inadequate, the College will not be able to provide any financial assistance whether by grant or remission of fees.
4. I authorise the College to permit any thesis, dissertation, essay or project arising from my work at the College to be consulted, borrowed or copied in accordance with College and University of London regulations.
5. I understand that it my responsibility to provide you with original degree and/or diploma certificates before acceptance.
6. I confirm that, by the act of completing and submitting this application form, I have read and understood this declaration.

SIGNATURE OF APPLICANT: _____ **Date:** _____

THIS FORM SHOULD BE RETURNED TO:

**The Graduate School
Education Directorate
Barts and The London School of Medicine and Dentistry
First Floor
Robin Brook Centre
St Bartholomew's Hospital
West Smithfield
London
EC1A 7BE
Tel: +44 (0)20 7601 8603
Fax: +44 (0)20 7601 8812**

THIS PAGE IS FOR COLLEGE USE ONLY

For Taught Course Coordinators

Reject Accept conditionally Accept unconditionally

Full-time Part-time

Accept subject to _____
(please specify) _____

Are bench fees required? No Yes

Amount required £ _____

Signature of taught course organiser _____

Name of taught course organiser _____

For Research Supervisors

Reject Accept conditionally Accept unconditionally

Full-time Part-time

Accept subject to _____
(please specify) _____

Are bench fees required? No Yes

Amount required £ _____

Intended start date _____

Signature of main supervisor _____

Name of main supervisor _____

Signature of co-supervisor _____

Name of co-supervisor _____

For Graduate Studies Divisional Tutor

HEFCE: Band A Band B

Approved

Exempt from 1st year taught course programme Yes No

Second year entry for PhD Yes No

Signature of Graduate Studies Divisional Tutor _____

Name of Graduate Studies Divisional Tutor _____

Date: _____