



**APPLICATION FOR ADMISSION
SESSION - 20 __ __ / __ __**

SURNAME		OTHER NAMES (IN FULL)	
TITLE			
PREVIOUS SURNAME		GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
PERMANENT ADDRESS		CORRESPONDENCE ADDRESS	COUNTRY OF BIRTH
			NATIONALITY
POSTCODE		POSTCODE	How long have you been resident in the UK?
TEL NO.		TEL NO.	DATE OF ENTRY TO UK
FAX NO. (to include area code)		FAX NO. (to include area code)	
E-MAIL		E-MAIL	
DISABILITY / SPECIAL NEEDS / MEDICAL CONDITION <input type="checkbox"/> Please enter in box the code from the list on page 4 which is most appropriate			
PROPOSED COURSE OF STUDY			
(1st choice)			
(2nd choice)			
MODE OF ATTENDANCE (see prospectus or course information for mode of attendance availability)		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance Learning <input type="checkbox"/>	
EDUCATION from age 15 Schools - give name and brief address(es) in chronological order		Year entered	Year left
Further/Higher Education Institutions attended			
Name and address			
ADDITIONAL INFORMATION Please indicate source of course information. Tick appropriate box.			
University/College <input type="checkbox"/> Employer <input type="checkbox"/> Friends <input type="checkbox"/> Internet <input type="checkbox"/> Press <input type="checkbox"/> - Publication			
Other (please specify)			

FURTHER INFORMATION Give details of any periods of employment		
Dates	Position and details of responsibilities	Employer's name and address

REFERENCE
Name, status and address of two referees
(to include one academic or current/last employer)

1. Name _____	2. Name _____
Status _____	Status _____
Address _____	Address _____
_____	_____
_____	_____

You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and/ or up to three penalty points were imposed. Please tick either the 'Yes' or 'No' box below to indicate your situation. If you tick the 'Yes' box, you may be required to provide details of any convictions.

YES NO

All students who obtain an award from the University will be required to pay a graduation fee.

I hereby affirm that the information I have given is accurate and true in all respects and I agree to the processing of my personal data in accordance with the Data Protection Act 1998, and to abide by the rules and regulations of the University, should I gain admission.

Signature of applicant _____ Date _____

NOTES FOR APPLICANT

1. Please complete in BLOCK CAPITALS
2. Forward fully completed application form with any supporting documentation (CV, certificates, details of courses taken) to:

The Admissions Office
Customer Services Department
The Robert Gordon University
Schoolhill
Aberdeen
AB10 1FR
UK

Tel: (01224) 262105 *International* +44 1224 262105
Fax: (01224) 262147 +44 1224 262147
e-mail: admissions@rgu.ac.uk

NB To assist with internal registration processes, most of the personal data supplied on the first two pages of this application form will be entered on the University's computer records. At all times the use of this data will be strictly in accordance with the principles laid down by the Data Protection Act 1998.

DISABILITY / SPECIAL NEEDS / MEDICAL CONDITION

We need to know if you have a disability, special need or medical condition which may disrupt your ability to follow your course or which may require additional support or special facilities.

Please enter in the box on page 1 the code from the list below that is most appropriate to you. **Applicants with no disabilities, special needs or medical conditions should use code 0.**

- 0 You do not have a disability or special need or are not aware of any additional support requirements in study or accommodation
- 1 You have dyslexia
- 2 You are blind/partially sighted
- 3 You are deaf/hard of hearing
- 4 You are a wheelchair user/have mobility difficulties
- 5 You need personal care or assistance
- 6 You have mental health difficulties
- 7 You have an unseen disability, eg diabetes, epilepsy, heart condition
- 8 You have two or more of the above disabilities/special needs
- 9 You have a disability, special need or medical condition not listed above

FOR UNIVERSITY USE ONLY

Course: _____

FT

PT

DL

Point of entry: _____

Decision:

NOTES:

REC _____

WDN _____

C _____

U _____