



Application for Postgraduate Studies (Taught)

For office use only:

Admissions Office
Admissions Tutor
Interview
Reference
Decision

Please complete clearly.
This form will be photocopied.

Applicant Number
(for office use only).

Please return this form to:

Admissions Office,
External Relations,
Faraday House,
University of Salford,
Salford, Greater Manchester
M5 4WT
United Kingdom.

Tel: 0161 295 3306/ 5641

Fax: 0161 295 3126

E-mail: pgadmissions-exrel@salford.ac.uk

Web: www.salford.ac.uk

1. Title:
Mr/ Mrs/Miss/Ms/Dr

2. Surname/Family name:

3. Given name(s)/ First name(s):

4. Postal address for correspondence:

5. Date of birth:

Address 1:
2:

6. Country of birth:

Postal Code:

7. Nationality:

E-mail address:

8. Disability/ Special Needs (including dyslexia/
medical conditions):

Telephone number:
Fax:

9. Details of proposed programme of study. *Please tick box(es) as appropriate:*

Pg Cert Pg Dip MSc MA Other

If other please specify:

Title of course:

10. Proposed date of beginning of programme (month/ year):

11. Mode of Study: Full-Time Part-Time Distance Learning Other

If other please specify:

12. University/ College attended and qualifications obtained or taken. (Continue on a separate sheet if necessary).

Dates		University/College attended	Subjects studied	Qualifications/ Grades obtained if course completed (in case of degree or diploma give class and division).
From (Month/Year)	To (Month/Year)			

13. Secondary education: schools attended (not primary schools)

Dates of Attendance	Schools

14. English Language:

Is English your first language? Yes No

English language qualifications (please attach copies of all certificates)

Awarding organisation	Award and Course title	Results (including grade)
Date of award or expected award:	Month _____	Year _____

15. Present employment with brief description of duties (including name and address of present/ most recent employer).

From: _____ To: _____
Details: _____

16. Previous employment (if any). (Continue on a separate sheet if necessary).

Dates	Name and address of employer	Position held

17. Referees: please give the names and titles of two people familiar with your most advanced academic work. Please print the reference forms and pass them on to these referees.

Name:	Name:
Position:	Position:
Address:	Address:
Tel:	Tel:
E-mail:	E-mail:

18. Further information: candidates are invited to include here relevant information for which no provision is made elsewhere on this form. This statement will be read by specialists. Please use whatever terms you wish. Continue on a separate page if necessary.

19. Finance: how will your studies and maintenance be financed?

Self/ Family Government Research Council Employer Other

If other, please specify:

Contact details (if financed by other than Self/ Family):

Name: _____ Company/ organisation: _____

Address: _____

Postal code: _____

Country: _____

E-mail Address: _____

Telephone number: _____

Fax number: _____

20. Do you have any criminal convictions? Yes No

21. Declaration.

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by University of Salford. I understand that any offer of a place on the above programme is subject to my acceptance of the University's terms and conditions, which I have received and read. I understand what they say, and agree to abide by the conditions set out there. I accept that if I do not fully comply with these requirements, the University of Salford reserves the right to cancel my application and I shall have no claim against the University of Salford in relation to this application.

I consent to the University of Salford recording and processing information about my race and ethnic origin, and my physical and mental health, for the purpose of statistical surveys only and within the provisions of the Data Protection Act 1998.

Signed: _____

Date: _____

Send your completed application form to the Admissions Office (address given on the front of this form). Please ensure that the forms you send out for references are also returned to this address.



Referee's Statement

For office use only:

Date received:
Admissions Office:
Admissions Tutor:

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E-mail: pgadmissions-exrel@salford.ac.uk

Web: www.salford.ac.uk

Applicants

Please complete this section. Give this form and an envelope to the person who you have asked to act as your referee. When that person returns the sealed envelope to you, please post it to the above address.

Surname/Family name	Other names
Proposed Degree	Proposed programme of study
Applicant's signature	Date

Referee

Please use the space **above** to comment on the candidate's suitability to study for the programme indicated. Please be as frank as possible and use specific examples, where possible to illustrate your points.

Please continue on a separate sheet of your headed notepaper if necessary.

Referee's name	Title
Name & Address of Institution	Please put official stamp of your institution here
Referee's Signature	Date



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Equal Opportunity Monitoring.

This form is only to assist us in monitoring Admissions and WILL NOT be taken into consideration for your application. In accordance with the Data Protection Act 1998, the University will seek your explicit permission should it intend to process any sensitive personal data for any reason other than Equal Opportunity purposes or exercising a legal right or obligation required by law. Sensitive data includes your racial or ethnic origin, sexual life, political beliefs, trade union membership, religious beliefs, physical or mental health and criminal offences.

Gender: *(Please tick)*

Female

Male

Nationality:

Ethnic Origin: My ethnic origin is *(please tick)*

Black or Black British

Caribbean

African

Any other Black background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

White

UK

Irish

Any other White background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background

Chinese or other ethnic group

Chinese

Any other

Disability:

We advise you to declare your disability or dyslexia as early in the application process as possible. This enables us to assist you in organising your support as soon as practicable.

Do you have a disability? Yes No

If you have answered Yes, please give details:

Do you have any condition which requires special studying arrangements to be made?

Yes

No

If you have answered Yes, please give details:
