



THE SCHOOL OF PHARMACY University of London

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Paste photo here.

Postgraduate Application Form

Please complete this form and return it to the Registrar at the above address. You may submit a CV in lieu of this form, provided the CV covers all of the relevant information. You must also submit the following additional materials:

1. one small photograph
2. a transcript of your examination marks at university and, if available, a copy of your degree certificate
3. a supplementary statement (see page 3)
4. at least two academic reference letters (either sent directly by each referee to the Registrar or enclosed in a sealed envelope with the referee's signature across the back flap)
5. evidence of English language proficiency, if English is not your first language (either IELTS or TOEFL are accepted)

COURSE DETAILS

- MSc in Clinical Pharmacy, International Practice & Policy** (12 months full-time)
- MSc in Drug Delivery** (12 months full-time)
- MSc in Drug Discovery** (12 months full-time)
- PhD/MPhil programme** (complete the following details)

Proposed area(s) of research:

Proposed start date:

Mode of study:

- 3 years full-time *This is the usual route to PhD.*
- 4 years full-time *This is a special programme in Pharmacology only.*
- 5-6 years part-time *This route is only open to UK and EU based students working in industry or a public research institute.*
- 5-6 years split site *This route is for overseas students working in industry or for a university, who will conduct research partly in the UK and partly in their home country.*

PERSONAL DETAILS

Forenames Surname

Title Dr/Mr/Mrs/Miss/Other..... Date of birth..... Male Female

Address

..... Postcode

Home Telephone Home Fax

Work Telephone Work Fax

E-mail.....

Nationality..... Country of domicile.....

If you live in the UK, have you ever lived in another country (apart from holidays)? Yes No

If you answered YES, please give details on a separate sheet of the dates you were absent from the UK and the reasons for your absence.

UNIVERSITY QUALIFICATIONS

<i>University/Country</i>	<i>Degree</i>	<i>Subject/Major</i>	<i>Class/GPA</i>	<i>Date Awarded</i>

PROFESSIONAL OR OTHER QUALIFICATIONS

<i>Awarding Body/Subject</i>	<i>Qualification</i>	<i>Date Awarded</i>	<i>Registration No (if any)</i>

CURRENT OR MOST RECENT EMPLOYMENT

Position Start End

Employer's Address

.....

..... Postcode.....

PREVIOUS EMPLOYMENT

<i>Position</i>	<i>Employer</i>	<i>Dates</i>

SUPPLEMENTARY STATEMENT

Please write a supplementary statement explaining your aims in undertaking a postgraduate degree course and how you think the School of Pharmacy would meet them. Also give an assessment of your own strengths and weaknesses. The statement may also include any further information which you feel is relevant to your application.

If you prefer, you may attach a separate sheet instead of writing on this page.

SPECIAL NEEDS

If you have any special needs (for example, a disability) which might affect your ability to study, please attach a separate sheet explaining the nature of your special needs and how the School of Pharmacy could help you.

SOURCE OF FUNDING

Who will pay your tuition and bench fees and living expenses?

- I am able to pay my own fees and living expenses.
- My employer will provide support, as follows
- I have applied for/been awarded a scholarship by
- I wish to be considered for full / partial funding by the School of Pharmacy, as follows (*tick the appropriate box*):
 - PhD Studentship (*home/EU applicants only*)
 - Overseas Research Student Award for PhD (*restricted to overseas graduates with first class honours*) (*pays approximately £ 7,000 towards fees only*)
 - Department for International Development Award for MSc in Clinical Pharmacy, International Practice & Policy (*restricted to overseas pharmacists from developing countries in the Commonwealth*)

REFERENCES

Please list two responsible persons who will act as referees, one of whom must be a senior member of academic staff from the university last attended. *Applicants based outside the UK are encouraged to submit sealed letters of reference at the same time they submit their application.*

First Reference

Name Position

Address.....

.....

Telephone Fax

E-mail

Second Reference

Name Position

Address.....

.....

Telephone Fax

E-mail

DECLARATION

I declare that the information on this form is true. I will inform the School of Pharmacy if any information changes.

Signature of Applicant Date