



University of the West of England

For office use only

Application for Postgraduate and/or Professional Taught Programmes

(not to be used for research programmes)

Please complete in black ink using block capitals

1 Programme title(s) Please list in order of preference

- i
- ii
- iii

Would you like to study full-time or part-time or distance learning
(where available)

Proposed entry date: month year

2 Applicant details

Surname/Family name

Dr/Mr/Mrs/Miss/Ms

First/Given name

Previous surname, if changed

Male

Female

Age on 31 August in year of entry: years months

Date of birth: day month year

Correspondence address (we will send all correspondence here, so it is important that you let us know of any change of address)

Home address (if different)

Postcode

Postcode

Telephone

Telephone

Mobile phone

Fax

Fax

E-mail

E-mail

If you are disabled or have a medical condition please enter the appropriate code from the following list in the box.

- 0 None
- 1 Specific learning difficulty (eg dyslexia)
- 2 Blind or partially sighted
- 3 Deaf or hard of hearing
- 4 Wheelchair user or mobility difficulties
- T. Autistic Spectrum Disorder or Asperger's Syndrome
- 6 Mental health difficulties
- 7 Unseen disability (eg diabetes, epilepsy or heart condition)
- 8 Two or more of the above (please specify)
- 9 Disability, special need or medical condition that is not listed above (please specify)

Details of facilities / support required:

3 Tuition fee status

Country of birth

Nationality

Country of domicile or area of permanent residence

If you were born outside the European Union please give:

Date of first entry to the EU

day ___ month ___ year ___

Date on which you were granted permanent residence in the EU

day ___ month ___ year ___

Payment of tuition fees

Who will pay your fees if you are offered a place? *Please tick appropriate box*

Name and address of sponsor

Yourself Your employer

Your parent or guardian Other sponsor (*please state*)

Postcode

Telephone

Fax

E-mail

Please give details of any scholarships or grants you have:

already obtained

applied for

4 Education details

Please give name and address of school / college / university attended, including city and country, in chronological order since the age of 16

	From	To	Full-time / part-time
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8 Referees

Please give names and addresses of two referees. At least one referee should be able to comment on your academic/professional ability. Please complete your personal details on the reference sheets and pass them to your referees for completion. The references should be returned direct to the Admissions and International Recruitment.

Name
Occupation
Address

Name
Occupation
Address

Postcode
Fax
Telephone
E-mail

Postcode
Fax
Telephone
E-mail

9 Declaration

I confirm that the information given on this form is true, complete and accurate.

If the University of the West of England has reason to believe that I or any other person have given false information or have omitted any information requested in the instruction or application form or made any misrepresentation, the University will take whatever steps considered necessary to establish the authenticity of my application. I accept that if I do not fully comply with these requirements, the University reserves the right to cancel my application and I shall have no claim against the University.

Signature

Date

Please complete your personal details on the two reference sheets, and pass them to your referees for completion. Then return the application form, copies of transcripts/certificates and copies of academic papers, as appropriate, to:

**Admissions and International Recruitment, University of the West of England
Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY, UK
Telephone +44 (0)117 32 83333 Fax +44 (0)117 32 82810
Minicom +44 (0)117 32 82233 E-mail admissions@uwe.ac.uk**

10 How did you learn about UWE?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Friend | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> UWE website |
| <input type="checkbox"/> Careers advice | <input type="checkbox"/> Advertisement | <input type="checkbox"/> British Council | <input type="checkbox"/> Studylink CD-ROM |
| <input type="checkbox"/> Employer | | | |
| <input type="checkbox"/> Other (please state) | | | |

11 Have you previously studied at UWE?

- Yes No

If 'yes' please give your:

UWE Student Registration number

Alumni number

The Data Protection Act 1998

The information which you give on your application form will be used for the following purposes only:

- To enable your application for entry to be considered.

- To enable the university to compile statistics, or to assist other organisations or individual research workers to do so, provided that no statistical information which would identify you as a person will be published.
- To enable the university to initiate your student record.