

University Application Form

Part A

Solely for use at universities and colleges for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses.

A separate form is needed for each university to which you wish to apply.

Please read the accompanying Notes for Guidance before completing this form.

Application Reference No:

1. Personal details							
Title <input type="text"/>		Mr/Ms/Miss/Mrs etc					
Surname/Family Name (BLOCK CAPITALS)							
First name(s)							
Previous surname, if changed							
Correspondence address							
Postcode							
Telephone No (including code)	Daytime	Evening (if different)					
Fax No	E-mail						
Home address (if different)							
Postcode							
Telephone No (including code)	Daytime	Evening (if different)					
Fax No	E-mail						
Sex: Male (M) Female (F)	<input type="text"/>	Date of birth					
	<table border="1"><tr><th>Day</th><th>Month</th><th>Year</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Your age on 31 December in year of entry	<input type="text"/>	Years <input type="text"/>					
		Months <input type="text"/>					

3. Details of course(s) to which you wish to apply				
Month and year in which you wish to start				
Course Title				
Mode of Study (Circle one)	FT	PT	SW	DL
Stage (Circle one)	1	2	3	
Preliminary Choice of main subjects/options (if appropriate)				

2. Fee Status				
Country of birth				
Nationality				
Country of domicile or area of permanent residence				
Applicants not born in the European Union please state:				
	Day	Month	Year	
Date of first entry to the EU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of most recent entry to the EU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date from which you have been granted permanent residence in the EU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment of fees Who is expected to pay your fees? (Research Council, LA, yourself, family member, employer, other)				
If an LA, which one?				
Have you previously received an educational award from UK public funds?				YES/NO
If so, please provide details:				
Funding body	Course		Dates	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Application Record – For Office Use Only			
	Date	Initials	Remarks
*Recorded and acknowledged	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Status checked, questionnaire sent	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.C. Information requested	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interview letter sent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interviewed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Conditionally accepted for 20 Conditions:	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Conditional acceptance sent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rejected for 20 Reason for rejection:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rejection sent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unconditionally Accepted for 20	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Unconditional Acceptance sent	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Work Experience: (Please consult Notes for Guidance before completing this section.) Give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job Title Nature of work/training	Name of organisation	Full-time or Part-time	From		To	
			Month	Year	Month	Year

8. Last two educational establishments attended Name and address of the two most recent educational establishments attended.	Full-time or Part-time	From		To	
		Month	Year	Month	Year

9. Academic qualifications

Summary of qualifications held on application. Please tick highest qualification held.

Mature student – no formal qualifications	<input type="checkbox"/>	OND/OND	<input type="checkbox"/>	Postgraduate Certificate/Diploma	<input type="checkbox"/>
Recognised Access Course	<input type="checkbox"/>	HNC/HND	<input type="checkbox"/>	Masters	<input type="checkbox"/>
GCSE/GCE/CSE	<input type="checkbox"/>	First Degree	<input type="checkbox"/>	Other – please specify	<input type="checkbox"/>

9a. Examinations: Applicants should list all subjects taken, whatever the result, in chronological order. If you are awaiting the result of any examination recently taken write PENDING in the result column. Qualifications awarded by Edexcel – please attach transcript of all results if known. Where examinations are still to be taken, please list all modules with value and level of each. Continue on a separate sheet if necessary.

Level, eg GCSE, A, HND, degree or professional qualifications	Subject	Date		Place of study	Results (grades or bands)	CATS points (if applicable)
		Month	Year			

10. Further information (Please consult Notes for Guidance before completing this section)

11. Please indicate whether or not any of your parents, step-parents or guardians have themselves undertaken a course at Higher Education level. If you are unsure, please select 'don't know', or if you do not wish to disclose this information, select 'prefer not to say'.

Yes
 No
 Don't know
 Prefer not to say

12. Disability Please circle from the list below the statement which is most appropriate to you:

- 000 You do not have a disability nor are you aware of any additional support requirements
- 010 You have dyslexia
- 020 You are blind/partially sighted
- 030 You are deaf/have a hearing impairment
- 040 You are a wheelchair user/have mobility difficulties
- 050 You need personal care support
- 060 You have mental health difficulties
- 070 You have an unseen disability (e.g. diabetes, epilepsy, asthma)
- 080 You have two or more of the above difficulties/special needs
- 090 You have a disability not listed above (please give details on a separate sheet)

Does your disability mean that you have additional support needs? Yes/No
 If yes, we will contact you to determine appropriate support for you.

13. Name and address of referee(s) (Please consult Notes for Guidance and course literature before completing this section)

1.	2.		
Tel No	Fax No	Tel No	Fax No

14. Declaration: I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read the instructions, in particular those relating to this section. I understand what they say, and I agree to abide by the conditions set out there, which I accept as conditions of this application.

Applicant's Signature	Date
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Please send completed form to Student Entry and Support Division, Academic Registry, De Montfort University, The Gateway, Leicester LE1 9BH.

Statement by referee

Name of referee _____

Post/occupation/relationship _____

Address _____

Telephone No

Fax No

Email

This form may be photocopied: please use word processor or write in black ink within the frame. Word processing is preferred. You may provide a letter on letterheaded paper from the organisation your referee represents. **In either case, your reference MUST carry an official stamp, where appropriate.**

Name of applicant (*block capitals or type*) _____

Stamp:

Has this reference been discussed with the applicant?

Yes No

Signed _____

Section 9 checked as correct

Yes No

Date _____

5. Planning statistics

Ethnic origin (This information WILL NOT be made available to Admissions Tutors for selection purposes)

Complete this section only if you have shown in Section 2 of the form that your area of permanent residence is in the UK.

Please choose from the ethnic origin terms printed here the one which you feel most nearly describes your ethnic origin and write its code in the boxes.



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White	
British	11
Irish	12
Other White Background	19

Black or Black British	
Caribbean	21
African	22
Other Black Background	29

Asian or Asian British	
Indian	31
Pakistani	32
Bangladeshi	33
Chinese	34
Other Asian Background	39

Mixed	
White and Black Caribbean	41
White and Black African	42
White and Asian	43
Other Mixed Background	49

Other Ethnic Background	80
Not Given (UK Domicile)	90
Overseas Domicile	99

6. Criminal Convictions

You must declare if you have a relevant criminal conviction, including violence against the person in any form or drug dealing. If you tick the box, the University may ask you for more details.

Yes

Please note that if you are convicted of a criminal offence, while your application is being processed, you should notify the University immediately.