



LEICESTER INTERNATIONAL PATHWAY COLLEGE

APPLICATION FORM

Please complete ALL sections of the following form clearly and accurately using CAPITAL LETTERS. If information is missing from your form, or we cannot read some of the sections we may not be able to process your application. Return your application to your local representative or directly to the Pathways Admissions Team at the address shown overleaf. Please tick boxes where appropriate. If you have any queries about completing this form, please contact one of our student advisors on + 44 (0)20 8312 8078 or email pathways@dmu.ac.uk. Alternatively you can book online at www.dmu.ac.uk/pathways

REPRESENTATIVES STAMP

1 PERSONAL DETAILS

YOU MUST ENSURE ALL SECTIONS ARE COMPLETED ACCURATELY

| | |
|-----------------------------------|----------------------|
| TITLE | |
| MR | MRS |
| MISS | OTHER |
| <input type="text"/> | |
| NATIONALITY | |
| <input type="text"/> | |
| FAMILY NAME | |
| <input type="text"/> | |
| FIRST NAME(S) | |
| <input type="text"/> | |
| DATE OF BIRTH (DD/MM/YYYY) | |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| GENDER | |
| MALE | FEMALE |
| NAME AS WRITTEN ON PASSPORT | |
| <input type="text"/> | |
| PASSPORT NUMBER | |
| <input type="text"/> | |
| PASSPORT EXPIRY DATE (DD/MM/YYYY) | |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| COUNTRY OF BIRTH: | |
| <input type="text"/> | |
| HOME ADDRESS | |
| <input type="text"/> | |

| |
|---|
| CITY OR TOWN |
| <input type="text"/> |
| POST CODE |
| <input type="text"/> |
| COUNTRY |
| <input type="text"/> |
| HOME TELEPHONE |
| <input type="text"/> |
| MOBILE TELEPHONE |
| <input type="text"/> |
| CORRESPONDENCE ADDRESS IF DIFFERENT FROM HOME ADDRESS |
| <input type="text"/> |
| CITY OR TOWN |
| <input type="text"/> |
| POST CODE |
| <input type="text"/> |
| COUNTRY |
| <input type="text"/> |
| EMAIL |
| <input type="text"/> |
| SKYPE ID |
| <input type="text"/> |

2 PARENT/GUARDIAN OR SPONSOR DETAILS

YOU MUST PROVIDE CONTACT DETAILS IN THE EVENT OF AN EMERGENCY

| | |
|-------------------------|-------|
| TITLE | |
| MR | MRS |
| MISS | OTHER |
| <input type="text"/> | |
| FAMILY NAME | |
| <input type="text"/> | |
| FIRST NAME(S) | |
| <input type="text"/> | |
| RELATIONSHIP TO STUDENT | |
| <input type="text"/> | |
| HOME ADDRESS | |
| <input type="text"/> | |
| CITY OR TOWN | |
| <input type="text"/> | |

| |
|----------------------|
| POST CODE |
| <input type="text"/> |
| COUNTRY |
| <input type="text"/> |
| HOME TELEPHONE |
| <input type="text"/> |
| MOBILE TELEPHONE |
| <input type="text"/> |
| EMAIL |
| <input type="text"/> |

3 COURSE DETAILS PLEASE SELECT THE PATHWAY COURSE YOU WISH TO STUDY

INTERNATIONAL FOUNDATION CERTIFICATE

INTERNATIONAL FIRST YEAR

INTERNATIONAL INCORPORATED MASTERS

PLEASE STATE THE PREFERRED PATHWAY COURSE START DATE

SEPTEMBER 2015

APRIL 2016

JANUARY 2016

JUNE 2016

TITLE OF MAIN ACADEMIC DEGREE COURSE (AS IN PROSPECTUS)

PLEASE STATE THE MAIN ACADEMIC DEGREE COURSE START DATE

JANUARY 2016

SEPTEMBER 2016

4 EDUCATION HISTORY

HAVE YOU PREVIOUSLY BEEN GRANTED A TIER 4 VISA TO STUDY IN THE UK?

YES

NO

PLEASE PROVIDE YOUR MOST RECENT EDUCATION HISTORY IN BOTH YOUR HOME COUNTRY AND IN THE UK (IF APPLICABLE)

| NAME OF INSTITUTION | START DATE | END DATE | NAME OF QUALIFICATION GRANTED | GRADE |
|----------------------|----------------------|----------------------|-------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please note: All submitted transcripts and certificates must be certified and translated into English

5 ENGLISH PROFICIENCY

YOU MUST PROVIDE EVIDENCE OF YOUR MOST RECENT SECURE ENGLISH LEVEL TEST (SELT)

IELTS

OTHER

COMPONENT SCORES (WHERE APPLICABLE)

DATE TAKEN

OVERALL SCORE

READING

WRITING

LISTENING

SPEAKING

DO YOU PLAN TO TAKE ANY OTHER ENGLISH LANGUAGE TEST(S) BEFORE STARTING YOUR PATHWAY COURSE?

YES

NO

NAME OF EXAM

DATE DUE TO BE TAKEN

IF YOU REQUIRE ADDITIONAL ENGLISH LANGUAGE SUPPORT, ISIS PROVIDES AN ENGLISH ACADEMIC PROGRAMME (EAP)

PRIOR TO YOUR CHOSEN PATHWAY COURSE. IF YOU WISH TO ATTEND THIS, PLEASE TICK HERE

6 PAYMENT OF TUITION FEES

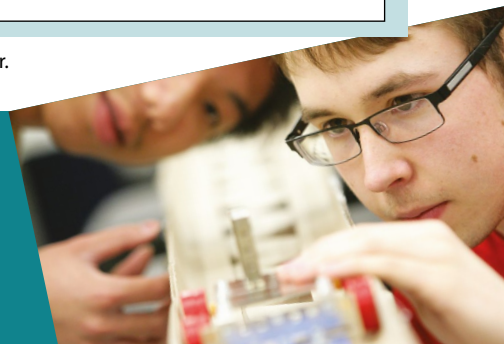
PLEASE STATE HOW YOU WILL BE FUNDING YOUR STUDIES

MYSELF

MY PARENTS

SPONSOR (PLEASE STATE)

All sponsored students must provide documentation on signed and stamped letter headed paper from your Sponsor.



7 ACCOMMODATION

DO YOU REQUIRE ISIS EDUCATION TO PROVIDE ACCOMMODATION DURING YOUR STUDIES?

YES

NO

IF YES, PLEASE SELECT THE HALLS OF RESIDENCE YOU REQUIRE:

NEWARKE POINT (PRIVATE BATHROOM)

8 INSURANCE

THE COST OF INSURANCE WILL AUTOMATICALLY BE ADDED TO YOUR INVOICE UNLESS YOU CAN PROVIDE PROOF OF ALTERNATIVE ADEQUATE COVER. DO YOU REQUIRE INSURANCE?

YES

NO

If No, you must provide proof of alternative adequate cover when you confirm your offer.

9 ADDITIONAL INFORMATION

000 YOU DO NOT HAVE A DISABILITY

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

070 YOU HAVE AN UNSEEN DISABILITY (E.G. DIABETES, EPILEPSY)

080 YOU HAVE TWO OR MORE OF THE ABOVE DIFFICULTIES

090 OTHER (PLEASE SPECIFY)

DOES YOUR DISABILITY REQUIRE ADDITIONAL SUPPORT? YES NO
if yes, we will contact you to determine appropriate support for you

YOU MUST DECLARE IF YOU HAVE A RELEVANT CRIMINAL CONVICTION, INCLUDING VIOLENCE OR DRUG DEALING. IF YOU TICK THE YES BOX, THE UNIVERSITY WILL CONTACT YOU FOR FURTHER INFORMATION.

YES

NO

IF YOU DO NOT DECLARE A RELEVANT CRIMINAL CONVICTION, AND IT COMES TO LIGHT EITHER LATER IN THE APPLICATION PROCESS, OR WHEN ENROLLED AS A STUDENT THAT YOU HAVE A RELEVANT CRIMINAL CONVICTION, YOUR APPLICATION/STUDENT STATUS WILL BE REVIEWED AND YOUR PLACE MAY BE WITHDRAWN.

10 STUDENTS UNDER THE AGE OF 18

INTERNATIONAL STUDENTS UNDER THE AGE OF 18 MUST PROVIDE ISIS WITH DETAILS OF A UK BASED GUARDIAN WHO WILL ACT AS LOCO PARENTIS THROUGHOUT THE DURATION OF THE STUDENT'S STUDY. IN THE EVENT THE STUDENT DOES NOT HAVE A UK BASED GUARDIAN, PLEASE ASK ISIS FOR FURTHER DETAILS ON HOW TO ACQUIRE THIS. IF PARENTS ARE MAKING THEIR OWN ARRANGEMENTS FOR EITHER GUARDIANSHIP SERVICES, OR IF A FRIEND OR FAMILY MEMBER IN THE UK IS TO ACT AS GUARDIAN TO THE STUDENT, PLEASE PROVIDE THE FOLLOWING DETAILS BELOW.

FAMILY NAME

FIRST NAME(S)

HOME ADDRESS

CITY OR TOWN

POST CODE

COUNTRY

HOME TELEPHONE

MOBILE TELEPHONE

11 DECLARATION

IF THE STUDENT IS UNDER 18, THIS MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN

BY SIGNING THIS DECLARATION, I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN ABOVE IS CORRECT AND ACCURATE. I UNDERSTAND THAT IF IT SHOULD BE DISCOVERED, HOWEVER BELATEDLY, THAT AN OFFER HAS BEEN MADE ON THE BASIS OF AN APPLICATION WHICH IS FOUND TO CONTAIN STATEMENTS THAT ARE FRAUDULENT, UNTRUE OR MISLEADING I/US RESERVE THE RIGHT TO CANCEL APPLICATIONS AND WITHDRAW OFFERS. I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS.

THE DATA PROTECTION ACT 1998 PREVENTS ANY PERSON OR ORGANISATION FROM ACCESSING OR SHARING PERSONAL INFORMATION ON AN INDIVIDUAL WITHOUT THEIR EXPRESS PERMISSION. ISIS EDUCATION PARTNERSHIPS RELY ON THE ABILITY TO SHARE INFORMATION WITH OTHER PARTNER ORGANISATIONS INCLUDING THE UNIVERSITY AND POTENTIAL EMPLOYERS AND TRAINING PROVIDERS. I GIVE PERMISSION FOR INFORMATION TO BE SHARED WITH THIRD PARTY ORGANISATIONS FOR THE PURPOSES OF REFERRING MY APPLICATION AS A DIRECT STUDENT INTO THE UNIVERSITY, SECURING EMPLOYMENT OR TRAINING.

ANY SHARED INFORMATION WILL BE LIMITED TO THE MINIMUM REQUIRED TO PROVIDE BACKGROUND OF SKILLS, EXPERIENCE AND / OR QUALIFICATIONS IN ORDER TO SECURE EMPLOYMENT OR APPROPRIATE TRAINING.

SIGNED (STUDENT)

DATE SIGNED (DD/MM/YYYY)

SIGNED (PARENT/GUARDIAN)

DATE SIGNED (DD/MM/YYYY)

12 APPLICATION CHECKLIST

I CONFIRM THAT I HAVE

COMPLETED AN ACCURATE APPLICATION FORM

ENCLOSED A COPY OF MY PASSPORT

ENCLOSED FULL AND CERTIFIED FINAL CERTIFICATES (IN ENGLISH) OF MY MOST RECENT AND RELEVANT QUALIFICATIONS

ENCLOSED FULL AND CERTIFIED TRANSCRIPTS (IN ENGLISH) OF MY MOST RECENT AND RELEVANT QUALIFICATIONS

ENCLOSED MY MOST RECENT SECURE ENGLISH LEVEL TEST (SELT)

ENCLOSED MY PORTFOLIO FOR MY CHOSEN ART & DESIGN PATHWAY COURSE (IF APPLICABLE)

ENCLOSED PROOF OF AN ALTERNATIVE INSURANCE POLICY (IF APPLICABLE)

ENCLOSED A COPY OF MY PREVIOUS TIER 4 VISA AND DETAILS OF THE UK INSTITUTION (IF APPLICABLE)

ENCLOSED A PERSONAL STATEMENT

ENCLOSED TWO REFERENCE LETTERS

PLEASE SEND APPLICATIONS AND SUPPORTING DOCUMENTS DIRECTLY TO:

OXFORD INTERNATIONAL HEAD OFFICE
PATHWAYS ADMISSIONS TEAM
259 GREENWICH HIGH ROAD
LONDON
SE10 8NB
UNITED KINGDOM

E pathways@dmu.ac.uk

F +44 (0)20 8293 1199

 **Oxford International**
Education Group

