

APPLICATION FORM FOR ADMISSION TO POSTGRADUATE STUDY

Please return the completed form to:

Postgraduate Admissions Office Bangor University Main Arts Building College Road Bangor Gwynedd, UK LL57 2DG

Tel: +44 (0)1248 38 3762/3723 Fax: +44(0)1248 370451 E-mail: postgraduate@bangor.ac.uk Please read the 'Notes for Guidance' before completing this application form

TITLE OF COURSE:

| | 2: | | First Name | e, Second Name: | |
|--|--|---|--------------------------------|--|---|
| Title(e.g. Dr/Mr/Ms): | Date of Birth: (DD-MM-YYYY) | Gender (Ma | lle/Female): | Country of Birth: | Nationality: |
| Permanent Home Add | ress: | | Ca British Ed 'British E | ImpusUK 1st S Num Che T:+ ducation Made Easy' | t): 1, Kamdhar Nagar Street, Mahalingapuram gampakkam nnai - 600 034 91 44 42009334 91 44 42009335 ontact@campusuk.com |
| Contact Telephone No | : | Contact Fax No: | | Contact e-m | ail: |
| If YES go to Section E | e the University to color ion UK/EU continuously, 3, if NO please answe | with the exception or the two questions l | of holiday pe below: | YES NO eriods, since birth? YES years (including periods | NO spent in further/higher |
| s there any restriction | on your eligibility to | reside / work in the | United Kins | odom? VES | NO |
| f the answer is YES, p | blease specify such re | strictions: | | | NO |
| f the answer is YES, p f you require a Studer ECTION B – COURS | olease specify such rent Visa in order to stud | strictions: dy in the UK please | enter your p | assport number here: | |
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SECTION C – EDUCATION AND CAREER

You should indicate here details of all **POST-SECONDARY** education, academic and professional qualifications achieved/expected (please put official title of award) with the most recent first. Please attach photocopies of official transcripts / certificates

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| SECTION D – FINANCIAL SUPPORT Please indicate how you intend to finance your studies at Bangor (please place a Y in the appropriate box below): (Section D.1 or D.2 must be completed in order for this application to be processed; in the event that this section is left incomplete, we will assume that you will self-finance your studies and you will be invoiced for the full amount when you register for your studies). Self funding (please sign and date statement D.1 below) Third party funding, e.g. scholarship, employer, sponsor, research council (representative of the funding body should complete section D.2 below) D.1: Self funding Candidates: |
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| □ Third party funding , e.g. scholarship, employer, sponsor, research council (representative of the funding body should complete section D.2 below) |
| complete section D.2 below) |
| D.1: Self funding Candidates: |
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| |
| I am aware of the costs involved in financing my studies and I accept that any fees that are due and payable to Bangor University, howsoever incurred remain my sole responsibility for payment. |
| Signature Date: |
| D.2: Third party funding: |
| |
| Name of funding body |
| |
| As an authorised representative of the above named body I confirm that any fees due and payable to the Bangor |
| University in respect of this application for study will be met by the above named body. Please invoice the address below for the specified amount: |
| |
| Name and address for invoice. |
| Name and address for invoice: Amount to be invoiced: |
| Name and address for invoice: Amount to be invoiced: |
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| Name and address for invoice: Amount to be invoiced: |
| Name and address for invoice: Amount to be invoiced: Signature (Authorised Representative) Date |
| Signature (Authorised Representative) |
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| Signature (Authorised Representative) |
| Signature (Authorised Representative) Name (please print) Position |
| Signature (Authorised Representative) |

Period of Employment

Main Duties

Details of relevant employment Employer (with dates)

Health

| 11cuiui | | | |
|--|-------------------------|----------------------|--|
| Do you have any medical condition or spe | cial need? YES NO | | |
| If YES please T one or more boxes below | • | | |
| Dyslexia/Dyspraxia AD (H) D | Deaf/Hearing Impairment | Mobility Issues | |
| Aspergers/Autistic Spectrum | Long Standing Illness | Multiple Impairments | |
| Blind/Visual Impairment | Mental Health | Not Listed Elsewhere | |

SECTION F – ENGLISH LANGUAGE ABILITY

| Is your first language Englis | sh or Welsh? YES | NO | | |
|-------------------------------|---------------------------|-----------------------------|----------------|------|
| If NO, please indicate your | proficiency in English by | placing a T in the relevant | t boxes below: | |
| | Excellent | Good | Fair | Poor |
| Written | | | | |
| Listening Comprehension | | | | |
| Spoken | | | | |
| Reading | | | | |
| Please supply IELTS and | TOEFL scores and trans | scripts if appropriate: | | |
| | | | | |

| SECTION | \boldsymbol{C} | DECI | ٨ | DA | TT | |
|---------|------------------|-----------|----------|----|----|-----|
| SECTION | U | - D ECL | \vdash | | | VI. |

| I hereby confirm that the information I have provided information material to this application has been omitted. | on this form is true, complete and accurate and that no |
|--|---|
| Signature: | Date: |

| Referee's Name: | mplete the section below (this reference will not be confidential) Position: | |
|--|--|--|
| Contact e-mail: | Contact Telephone No: | |
| How long have you known the applicant an | nd in what capacity: | |
| Please write below, your comments on the | applicants suitability for admission to the chosen programme of study: | |
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| Signature: | Date: | |