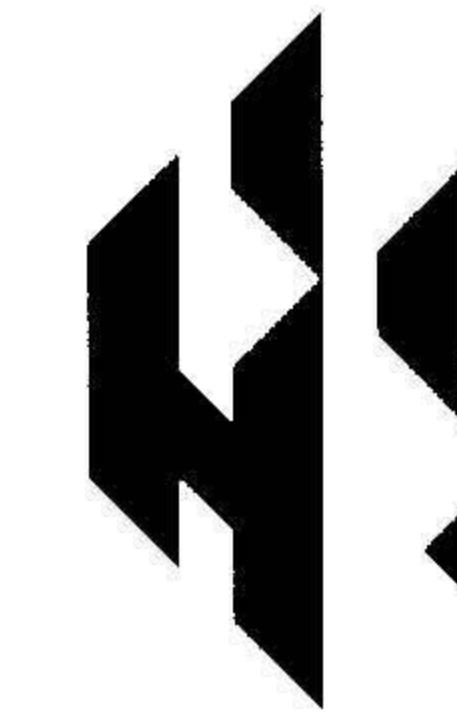


Application Form

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

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



University of
HUDDERSFIELD

Queensgate, Huddersfield HD1 3DH

Part A

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								
 British Education Consultants 'British Education Made Easy' www.campusuk.com								
31/11, Kamdhara Nagar 1st Street, Mahalingapuram Nungampakkam Chennai - 600 034 T: +91 44 42009334 : +91 44 42009335 E: contact@campusuk.com								
Home address (if different)								
Postcode								
Telephone No (including STD code)	Daytime <input type="text"/>	Evening (if different) <input type="text"/>						
Fax No: <input type="text"/>								
Sex: Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/>	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								

2. Disability/special needs Please enter the appropriate code in the box provided if you have a physical or sensory disability which might in some way affect your studies at the institution or may require special facilities or treatment. (see Notes for Guidance) Please provide full details in Section 10. <input type="text"/>								
3. Fee Status								
Country of Birth								
Nationality								
Country of domicile or area of permanent residence								
Applicants not born in the European Union please state: Date of first entry to the EU <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year Date of most recent entry to the EU <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year Date from which you have been granted permanent residence in the EU <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year								
Passport Number: Date of Issue: Payment of fees Who is expected to pay your fees? (research Council, LEA, yourself, family member, employer, other)								
If an LEA, which one?								
Have you previously received an educational award from UK public funds? YES/NO								
If so, please provide details: <table border="1"> <tr> <th>Funding Body</th> <th>Course</th> <th>Dates</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Funding Body	Course	Dates	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funding Body	Course	Dates						
<input type="text"/>	<input type="text"/>	<input type="text"/>						

4. Details of course(s) to which you wish to apply			
Month and year in which you wish to start			
Course Title		Mode of study: full-time/sandwich/part-time/other/ Please specify	Year of Entry Year 1 Year 2
<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 indicate how you heard of these courses			

5. 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.

6. Last two educational establishments attended Name and address of the two most recent educational establishments attended.	From Month	Year	To Month	Year	FT or PT

7. Academic qualifications

1. Academic qualifications Summary of qualifications held on application. Please tick highest qualification held, and give details below.

Mature Student - no formal qualifications		ONC/OND		Postgraduate Certificate/Diploma	
Recognised Access Course		HNC/HND		Masters	
GCSE/GCE/CSE		First Degree		Other - please specify	

8. Qualifications and Examinations: Applicants should list all qualifications and 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 BTEC or SCOTVEC - 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,

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

10. Physical or other disability or medical condition including any which might necessitate special arrangements or facilities
(Please consult Notes for Guidance before completing this section)

11. 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

12. Declaration: I can 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 by the conditions set out there, which I accept as conditions of this application.

Confidential Statement by referee

Name of referee _____

Post/occupation/relationship _____

Address _____

Telephone No
(including STD)Fax No
(including STD)

This form may be photocopied: please type with a good black ribbon or write in black ink within the frame. Typing is very much preferred. Please affix official stamp where appropriate, at the end of the statement.

Name of applicant (block capitals or type) _____

Section 8 checked
as correct Yes/No

Please return to:
International Office
University of Huddersfield
Queensgate
Huddersfield HD1 3DH
UK

Signed _____

Date _____