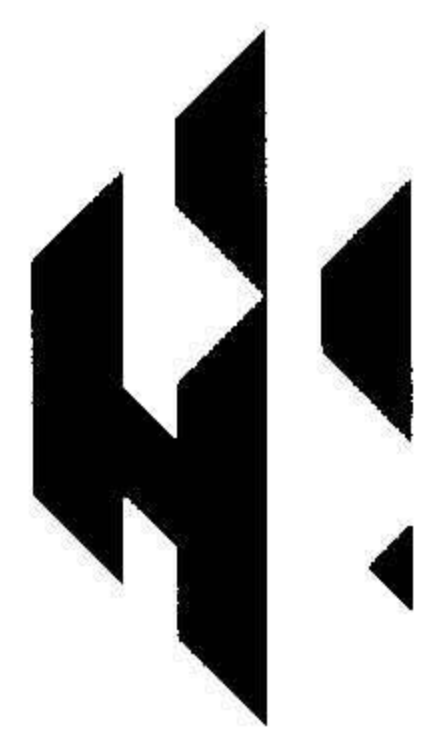


Application Form



University of
HUDDERSFIELD

Queensgate, Huddersfield HD1 3DH

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.

1. Personal Details

Title

Mr/Ms/Miss/Mrs etc.

Surname/Family Name
(BLOCK CAPITALS)

First name(s)

Previous surname, if changed

Correspondence address

CampusUK

British Education Consultants
'British Education Made Easy'
www.campusuk.com

31/11, Kamdhar 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

Evening
(if different)

Fax No:

Sex: Male (M)
Female (F)

Date of birth

Day

Month

Year

Your age on 31 December
in year of entry

Years

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.

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

Day

Month

Year

Date of most recent entry to the EU

Date from which you have been granted permanent residence in the EU

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:

Funding Body

Course

Dates

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

Stage
ie
Year 1
Year 2

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.

[illegible]

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

7. 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 attached 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,

[illegible]

[illegible]

<p>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)</p>

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.

Applicant's Signature	Date
-----------------------	------

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 _____