

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

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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)

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

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| 1. | | 2. | |
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| 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.

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|--|---|
| Applicant's Signature <div style="border: 1px solid black; height: 40px; width: 95%; margin-top: 5px;"></div> | Date <div style="border: 1px solid black; height: 40px; width: 95%; margin-top: 5px;"></div> |
|--|---|

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 _____