

Postgraduate Application Form



Notes for Guidance

1. This form should be used if you wish to apply for a taught postgraduate course or research degree by full-time, part-time or distance learning mode, with the exception of the MA in Social Work and the Doctorate in Clinical Psychology. (Please refer to the postgraduate prospectus with regard to application arrangements for these degrees).
2. Before completing this form, please refer to the Postgraduate Prospectus (this is available on-line at <http://www.le.ac.uk/graduateoffice/pgprospectus/>) to check course availability and start dates. For your application to be successful you must meet the necessary English Language and academic entry requirements, full details can be found in the Postgraduate Prospectus.
3. Please complete the form in BLOCK CAPITALS or type, so that your information can be easily read.
4. When completing the form please ensure that you provide your full name (surname/family name and forenames) in the order they appear in your official documents i.e. passport. This is important because you will be registered in this name and if you successfully complete your course it is this name which will be on your certificate. It will only be changed during your studies if it is changed officially, for example, through marriage. Where this is the case a legal document (marriage certificate, standing declaration etc) will be required to make any changes.
5. If your supporting documents are not in English, we require officially translated versions as well as copies in the original language.
6. Some postgraduate courses have published deadlines; please refer to the academic department you wish to apply to for further details.
7. If you are applying for a postgraduate course or research degree by full-time or part-time study, please return the form with supporting documents (copies of transcripts, your completed references etc) to the **Postgraduate Admissions Office, University of Leicester, University Road, Leicester, LE1 7RH**. Applications for distance learning programmes should be returned directly to the academic department.
8. If your application is successful, a firm offer will be issued from the Postgraduate Admissions Office. With an offer you will receive useful information regarding admission to the University. Conditional offers may also be issued for applicants who:
 - i. Have not yet met the University's English language requirements.
 - ii. Need to provide further academic transcripts (i.e. final results).
 - iii. Need to provide other specified documentation (e.g. certified copies or translations).
9. In order to accept the offer, follow the instructions in your offer pack.
10. Instructions on how to register will be sent prior to your start date.

If you have any questions about filling out your application form please do not hesitate to contact the Postgraduate Admissions Office Tel: +44 (0)116 252 5381 · Email: pgadmissions@le.ac.uk

Data Protection Statement

By signing this form you are consenting to the University of Leicester using the information provided from time to time, along with any further information about you that the University may hold, for the purposes set out in the Postgraduate Data Protection Statement (http://www.le.ac.uk/ua/rg/dataprotection/html_docs/student_regform_dataprotection.htm).

The information that you provide on your application form will be used for the following purposes:


- To enable your application for entry to be considered and allow our Admissions Advisors, where applicable, to assist you through the application process;
- To enable the University to compile statistics, or to assist other organisations to do so. No statistical information will be published that would identify you personally;
- To enable the University to initiate your student record should you be offered a place at the University.



FOR OFFICE USE ONLY
APPLICATION NO:

Application for Admission to Graduate Studies

This form should be completed and returned (along with supporting documentation as required) to the Postgraduate Admissions Office, University of Leicester, University Road, Leicester LE1 7RH. Two sealed and stamped references should be included with this application form. Please complete this form in BLOCK CAPITALS or type.

PERSONAL DETAILS		
Surname/Family name:		First/given names:
Previous surname/Family name (if applicable):		Title (Dr, Mr, Mrs, Ms, Miss, etc):
Date of birth:	Sex (male or female):	Present nationality:
Country of birth:		Country of permanent residence:
ADDRESSES		
Permanent home address: (This must be completed)		Address for correspondence (if different from home address):
Postcode:		 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
Tel:		
Fax:		
Email:		
Email:		

PROGRAMME OF STUDY	COURSE TITLE (for taught courses only)
<input type="checkbox"/> MA <input type="checkbox"/> MSc <input type="checkbox"/> LLM <input type="checkbox"/> MBA <input type="checkbox"/> PhD <input type="checkbox"/> Other <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> distance learning Commencing in (month, year)	<input type="checkbox"/> MPhil <input type="checkbox"/> MEd (Research) <input type="checkbox"/> Occasional <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Pre-Masters DEPARTMENT (for taught courses and research degrees)

APPLICANTS FOR RESEARCH
Proposed start date: October <input type="checkbox"/> January <input type="checkbox"/> April <input type="checkbox"/> July <input type="checkbox"/> NB: Candidates accepted onto research degree programmes will normally be registered as Advanced Postgraduate Students. Subject to satisfactory progress and the approval of the Board of Graduate Studies, this registration will be transferred to a specific degree (MEd, MPhil or PhD) after one year.
University Staff Members Only
Please indicate whether you are applying for the remission of part time fees (forms available from Staff Development) Yes <input type="checkbox"/> No <input type="checkbox"/>

FOR OFFICE USE ONLY													
Accept - Unconditional <input type="checkbox"/> Accept - Conditional <input type="checkbox"/> Reject <input type="checkbox"/> Department: Course: Start Date: Supervisor(s): Field of Study: Fee Status: H/EU/O	<table border="0"> <tr> <td>CONDITIONS</td> <td>Date received in AO</td> </tr> <tr> <td>Degree</td> <td>Date to Dept</td> </tr> <tr> <td>English Language</td> <td>Date rec'd in Dept</td> </tr> <tr> <td>References</td> <td>Date returned to AO</td> </tr> <tr> <td>Bench Fees</td> <td>Date rec'd back in AO</td> </tr> <tr> <td>Other</td> <td>Date offer sent</td> </tr> </table>	CONDITIONS	Date received in AO	Degree	Date to Dept	English Language	Date rec'd in Dept	References	Date returned to AO	Bench Fees	Date rec'd back in AO	Other	Date offer sent
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EDUCATION AND QUALIFICATIONS

Give details of further or higher education since leaving school. Please provide information on qualifications already obtained and examinations still to be taken.

Name of institution / address	Dates (month – year) of attendance	Qualification/award (include class & division or grade obtained if known)	Main subjects
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		

NB: Photocopies of all diplomas, certificates and course transcripts awarded for these qualifications must be enclosed with this application. In addition to diplomas and certificates, international applicants are requested to provide official copies of their entire course transcripts including explanations of the mark schemes used and, where possible, an indication of their class ranking/position in class.

ENGLISH LANGUAGE COMPETENCE

Students educated outside the UK in countries where English is not the first language must provide, before they can be admitted to their chosen degree programme at the University, evidence that they have sufficient command of both spoken and written English. Acceptable evidence includes: GCSE/O-level English Language at grade C or above; an overall score of 6.0-6.5 in the British Council IELTS test (depending on the department); a score of 600 (80/90 IBT) in TOEFL, with a score of 4.0 in the Test of Written English (TWE). You will be required to submit originals or certified copies of any certificates and score reports.

a) Is English your first language? Yes No

b) Is/was English the language of instruction of your first degree? Yes No
If yes, please provide written confirmation from the institution where you undertook your studies, that English was the language of instruction.

c) Please list any formal English Language qualifications with results obtained (ie IELTS, TOEFL, GCE, GCSE) and the dates you took the test, or will be taking the test.

English Qualification:	Result:	Date:

NB: The University offers an English Language Programme for International Students. The courses are designed to raise English Language skills to an acceptable level to enter a chosen degree course. Students will start at the appropriate stage of the Preparatory courses (September, January, May or July) depending on current language level. If you would like to receive further information on the English Language Programmes on offer, please tick the box



Graduate Reference Form

Postgraduate Admissions Office
 University of Leicester · University Road
 Leicester LE1 7RH · England

SECTION 1 TO THE APPLICANT

This is one of two Graduate Reference Forms provided with your Application Form. Please complete this section before forwarding one form to each of your two referees, requesting that they complete Section 2. The forms should be sealed and stamped and returned with your application form.

Surname/Family name:	First names:	Title (Dr, Mr, Ms, etc):
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<p>PROGRAMME OF STUDY</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> MA</td> <td><input type="checkbox"/> MPhil</td> </tr> <tr> <td><input type="checkbox"/> MSc</td> <td><input type="checkbox"/> MEd (Research)</td> </tr> <tr> <td><input type="checkbox"/> LLM</td> <td><input type="checkbox"/> Occasional</td> </tr> <tr> <td><input type="checkbox"/> MBA</td> <td><input type="checkbox"/> Diploma</td> </tr> <tr> <td><input type="checkbox"/> PhD</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Pre-Masters</td> </tr> </table> <p> <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> distance learning </p> <p>Commencing in (month, year)</p>	<input type="checkbox"/> MA	<input type="checkbox"/> MPhil	<input type="checkbox"/> MSc	<input type="checkbox"/> MEd (Research)	<input type="checkbox"/> LLM	<input type="checkbox"/> Occasional	<input type="checkbox"/> MBA	<input type="checkbox"/> Diploma	<input type="checkbox"/> PhD	<input type="checkbox"/> Certificate	<input type="checkbox"/> Other	<input type="checkbox"/> Pre-Masters	<p>COURSE TITLE (for taught courses only)</p> <hr/> <hr/> <p>DEPARTMENT (for taught courses and research degrees)</p> <hr/> <hr/>
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<input type="checkbox"/> PhD	<input type="checkbox"/> Certificate												
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APPLICANTS FOR RESEARCH DEGREES:

Give a brief description of your proposed research topics or interests, including the formal title of the proposed field of study.

SECTION 2 TO THE REFEREE

The above-named is applying for admission to graduate studies at the University of Leicester, and has named you as a referee. We would be grateful to receive, in confidence, your opinion of the candidate's suitability for the proposed course of study. When commenting on his/her academic performance please give, if possible, the applicant's class ranking /position in class (including the total number of students in the class). If an exact position cannot be given, indicate the quartile in which you believe he/she has performed.

Please return this form sealed and stamped to the applicant concerned. Thank you for providing a reference.

Please note that the University may, if applicant/student makes a request, show this reference to the applicant/student.

Surname/Family name:	First names:	Title (Dr, Mr, Ms, etc):
Position:		
Relationship to Applicant:		
Address:		
Tel:		Fax:
Email:		

TEAR OFF

TEAR OFF

TEAR OFF

TEAR OFF

REFERENCE

Applicant's Name:

(This area contains faint, illegible text, likely bleed-through from the reverse side of the page.)

Signature of Referee:

Date:



**University of
Leicester**

Graduate Reference Form

Postgraduate Admissions Office
University of Leicester · University Road
Leicester LE1 7RH · England

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<input type="checkbox"/> MPhil <input type="checkbox"/> MEd (Research) <input type="checkbox"/> Occasional <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Pre-Masters	
<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> distance learning	DEPARTMENT (for taught courses and research degrees)
Commencing in (month, year)	

APPLICANTS FOR RESEARCH DEGREES:

Give a brief description of your proposed research topics or interests, including the formal title of the proposed field of study.

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Surname/Family name:	First names:	Title (Dr, Mr, Ms, etc):
Position:		
Relationship to Applicant:		
Address:		
Tel:		Fax:
Email:		

TEAR OFF

TEAR OFF

TEAR OFF

TEAR OFF

REFERENCE

Applicant's Name:

[This area contains faint, illegible text, likely bleed-through from the reverse side of the page.]

Signature of Referee:

Date:

EMPLOYMENT DETAILS / OTHER EXPERIENCE

Give details of any industrial, professional or research experience relevant to your application. In particular, applicants for post-experience programmes (eg Education, the MBA, Social Work) should complete this section as fully as possible.

Continue on a separate sheet if necessary. Indicate here if you have done this

Employer	Title and duties of post	Dates from	Dates to

PERSONAL STATEMENT OR RESEARCH PROPOSAL

Taught course applicants (eg. MA/MSc/LLM/PGDip) – State your reasons for wishing to pursue the course for which you have applied.

Research applicants – Give a brief description of your proposed research topics or interests, including the formal title of the proposed field of study. Please list any academic work you have had published or which is currently in the press, together with the name of the publisher or journal which has accepted it.

Continue on a separate sheet if necessary. Indicate here if you have done this

FINANCIAL SUPPORT

It is important that you give full consideration to how you will be able to finance your studies. For internal purposes, it is useful for us to know how you intend to finance yourself. Please tick as many boxes as apply:

- self
- family
- employer
- other (please give details)
- scholarship (if you are applying for or have obtained a scholarship please give details)

Name of scholarship(s)

Which scholarship(s) have you obtained to date?

NB: No student may be admitted to the University without providing satisfactory evidence of their ability to meet the expenses of their proposed course.

SPECIAL NEEDS OR SUPPORT

Please state any support required as a consequence of any disability or medical condition stated under 'monitoring information'.

OTHER INFORMATION

Do you have any criminal convictions?

Yes

No

NB: You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and/or up to three penalty points were imposed. If you tick the 'yes' box, you may be required to provide details of any convictions.

Applications to other institutions: Please give details of other institutions/programmes of study for which you are also applying at this time:

REFEREES

Please give the names and addresses of your two referees below. Your two completed references (sealed and stamped) should be returned with this application form. Candidates for any of the post-experience programmes (eg Education, the MBA, Social Work), should ensure that they nominate a professional/industrial referee as well as an academic contact. Referees are required to comment on your academic suitability for your chosen course of study.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Fax:	Fax:
email:	email:

PASSPORT INFORMATION

If you need to apply for a visa to study in the UK, it is essential that you provide us with the following:

Passport Number

Country of issue

Date of issue Expiry date

DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I confirm that I have read the Data Protection Statement enclosed.

Signed:

Date:

ALL APPLICANTS should note that the University reserves the right to make without notice changes in regulations, courses, fees etc at any time before or after a candidate's admission. Admission to the University is subject to the requirement that the candidate will comply with the University's registration procedure and will duly observe the Charter, Statutes, Ordinances and Regulations from time to time in force.

FINDING OUT ABOUT LEICESTER

How did you first learn about your proposed programme of study at University of Leicester?

- | | | |
|---|--|--|
| <input type="checkbox"/> Press advertisement | <input type="checkbox"/> Internet | <input type="checkbox"/> Alumni |
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Met a University representative | <input type="checkbox"/> Advice from another education establishment |
| <input type="checkbox"/> Reference book on Graduate programme | <input type="checkbox"/> Careers Service | <input type="checkbox"/> British Council |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Current student of the University | |
| <input type="checkbox"/> Other – Please specify | | |

MONITORING INFORMATION

The University is committed to a policy of equal opportunities. In order to monitor the effectiveness of this policy, applicants are asked to complete this monitoring form. These statistics are used solely for the purpose of monitoring application and admission rates and form no part of the selection procedure.

Please return your form together with your application for graduate studies to the Postgraduate Admissions Office. The monitoring form will be separated from your application which will be forwarded to the Department for consideration.

Please tick the box which you feel describes your ethnic origin.

- | | | |
|--------------------------|------|--|
| <input type="checkbox"/> | (11) | White – British |
| <input type="checkbox"/> | (12) | White – Irish |
| <input type="checkbox"/> | (19) | Other White background |
| <input type="checkbox"/> | (21) | Black or Black British – Caribbean |
| <input type="checkbox"/> | (22) | Black or Black British – African |
| <input type="checkbox"/> | (29) | Other Black background |
| <input type="checkbox"/> | (31) | Asian or Asian British – Indian |
| <input type="checkbox"/> | (32) | Asian or Asian British – Pakistani |
| <input type="checkbox"/> | (33) | Asian or Asian British – Bangladeshi |
| <input type="checkbox"/> | (34) | Chinese or Other Ethnic background – Chinese |
| <input type="checkbox"/> | (39) | Other Asian background |
| <input type="checkbox"/> | (41) | Mixed – White and Black Caribbean |
| <input type="checkbox"/> | (42) | Mixed – White and Black African |
| <input type="checkbox"/> | (43) | Mixed – White and Asian |
| <input type="checkbox"/> | (49) | Other Mixed background |
| <input type="checkbox"/> | (80) | Other Ethnic background |
| <input type="checkbox"/> | (90) | Not known |
| <input type="checkbox"/> | (98) | Information refused |

TO BE COMPLETED BY ALL STUDENTS**DISABILITY/SPECIAL NEEDS**

Please tick the box next to the statement which is most appropriate to you.

- | | | |
|--------------------------|-----|---|
| <input type="checkbox"/> | (0) | You do not have a disability nor are aware of any additional support requirements in study or accommodation |
| <input type="checkbox"/> | (1) | You have dyslexia |
| <input type="checkbox"/> | (2) | You are blind/partially sighted |
| <input type="checkbox"/> | (3) | You are deaf/have a hearing impairment |
| <input type="checkbox"/> | (4) | You are a wheelchair user or have mobile difficulties |
| <input type="checkbox"/> | (5) | You need personal care support |
| <input type="checkbox"/> | (6) | You have mental health difficulties |
| <input type="checkbox"/> | (7) | You have an unseen disability, e.g. diabetes, epilepsy, asthma |
| <input type="checkbox"/> | (8) | You have two or more of the above disabilities/special needs |
| <input type="checkbox"/> | (9) | You have a disability not listed above |

Please specify:

Course applied for: