

## Postgraduate Application

Use this form for all postgraduate applications including taught and research programmes.

**Please complete all sections.** If a section is not applicable, write N/A.


Further guidance can be obtained from the [Research Degrees Handbook](#) on the Graduate School section of the university web site.

**Please return the completed form and relevant documents to the:**

Admissions Department  
University of Lincoln  
Brayford Pool  
Lincoln  
LN6 7TS  
United Kingdom

Telephone +44 (0)1522 886097  
Email [enquiries@lincoln.ac.uk](mailto:enquiries@lincoln.ac.uk)  
Internet [www.lincoln.ac.uk](http://www.lincoln.ac.uk)

### Personal Details

1 Full Name	Title (Mr, Mrs, Ms, Miss etc)	First Name(s)	Last Name
2 Previous Name, if changed			
3 Correspondence Address	Post C	 <p>British Education Consultants 'British Education Made Easy' <a href="http://www.campusuk.com">www.campusuk.com</a></p> <p>31/11, Kamdhar Nagar 1st Street, Mahalingapuram Nungampakkam Chennai - 600 034 T: + 91 44 42009334 : + 91 44 42009335 E: <a href="mailto:contact@campusuk.com">contact@campusuk.com</a></p>	
4 Email Address			
5 Telephone Numbers Include Work, Home, Mobile			
6 Home Address (if different)	Post Code		
7 Sex (Male / Female)			
8 Date of Birth			
9 Age on 31 December in year of entry			

## Fee Status

10 Country of Birth	
11 Nationality	
12 Country of Domicile or Area of Permanent Residence	
<i>Applicants not born in the European Union please state:</i>	
13 Date of first entry to the EU	
14 Date of most recent entry to the EU	
15 Date from which you have been granted permanent residence of the EU	

## Programme of Study – Taught or Research

16 Month and year of planned entry	
17 Course Title	
18 Faculty / Department	
19 Mode of Study Full time, part time, Sandwich, Other	
20 Research Theme  [If you are applying for a research degree, e.g. MPhil, PhD or Professional Doctorate (EdD, DBA etc) please give a short description in up to 100 words of the topic or theme that you would wish to research].	

## Last two Educational Establishments Attended

21 Institution 1, including address	
22 Qualification, with Date Obtained	

23 Institution 2, including address

24 Qualification, with Date Obtained

### Academic Qualifications

Please give details of all your academic qualifications. Continue on a separate sheet if necessary.

Qualification	Subject	Date Obtained (Month & Year)	Institution and Place of Study	Results Grades, Marks, Degree Class etc.	CATS Points (If Applicable)
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### Language Qualifications

25 Language Qualifications  
Type and score e.g. IELTS, TOEFL

26 Qualification, with Date Obtained

27 Institution, including address

### Work Experience

Please give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job Title	Name of Organization	Full Time Part Time	Nature of Work/Training	From Month Year	To Month Year
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## Disability / Special Needs

28 Please indicate any physical or other disability or medical condition including any which may necessitate special arrangements or facilities

Please tick which of the following apply:

0. You do not have a disability nor are you aware of any additional support requirements in study or accommodation

- 
- 1. You have dyslexia
  - 2. You are blind/ are partially sighted
  - 3. You are deaf/ have a hearing impairment
  - 4. You are a wheelchair user/ have mobility difficulties
  - 5. You need personal care support
  - 6. You have mental health difficulties
  - 7. You have an unseen disability, e.g. diabetes, epilepsy, asthma.
  - 8. You have two or more of the above disabilities
  - 9. You have a disability not listed above

## Criminal Convictions

29 Have you ever been convicted of a criminal offence ?

Please tick ONE of the following:

Yes

No

Please see guidance notes for further details.

## Funding for Your Studies

30 Please state how you will fund your fees

31 Please state how you will cover your living expenses during your studies

## Referees

References should be submitted with your application.

Note: At least one of your referees should be able to comment on your most recent academic performance

<b>32 Name of First Referee</b>	
<b>33 Address</b>	
<b>34 Email</b>	
<b>35 Name of Second Referee</b>	
<b>36 Address</b>	
<b>37 Email</b>	

## Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I also understand that in accepting any offer of a place I might receive I agree to abide by the rules and regulations of the University of Lincoln. I also understand the terms and conditions of application specified in the prospectus, including that the university does not undertake any absolute obligation to provide educational services in the manner specified in the prospectus or in any other document. I will provide original certificates on or before enrolment to confirm my existing academic qualifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Additional Information for International Students:

Please check you have included the following items and return your completed application to the address noted on the front of this form:

- An official copy of your university/college qualification certificate;
- An official copy of your university/college transcript;
- Details of English language qualifications, if English is not your first language;
- A photocopy of your passport.

Should you require further details on the items to include, please contact the Admissions Department for additional guidance.