



**EDUCATION**

15. Detail your education since age 17. Start with the most recent. Include details of qualifications to be awarded. Where appropriate, professional qualifications should be listed.

Name of College/University/Awarding Body State Country if outside the UK	Start Date	End Date	Qualification	Class of Degree or Grade/Mark	Date of Award	Main Subject(s) Studied

**ENGLISH LANGUAGE**

16. Is English your first language? ( ) YES  NO

If "NO" detail any work experience or education that you have undertaken in English and/or the date and grade(s) achieved in the most recent English language test that you have taken. A copy of the test certificate should be enclosed with this application or forwarded later.

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**FOR COLLEGE ADMISSIONS OFFICE USE** Advice for graduate adviser/departmental admissions tutor

Academically qualified: ( ) YES  NO  AASC/Fac Board approval needed

English language satisfactory: ( ) YES  NO

Qualifications required/comments:

**EMPLOYMENT**

17. List your employment to date. You may include a copy of your curriculum vitae if this is more convenient. Medical or dental graduates should include full details of all periods of clinical training and clinical attachments.

Name and Address of Employer State Country if outside the UK	Dates	Position Held and Main Duties

**SUPPLEMENTARY PERSONAL STATEMENT**

18. Describe your academic interests and reasons for applying. Research (MPhil/PhD etc.) applicants should state in which research areas or specific projects being offered by the department they are interested. LLM applicants should list the four subjects they wish to study. Applicants for other taught programmes, in particular modular programmes, should indicate, where appropriate, the options/modules in which they are likely to be interested. Detail your career objectives and any relevant non-academic achievements as well as any publications. Outline any other relevant experience including attendance at specialist workshops or short courses.

Affix a  
passport size  
photograph  
here

**FUNDING**

19. How will you be financing your studies at UCL? Please ( ) one or more boxes

Personal/Family Resources  Loan  Studentship/Scholarship  Sponsorship  Other (please specify)

20. If you hold or are applying for studentships/scholarships/sponsorship please state:

Name of Award	Value and Duration of Award	Has it been awarded? ( )
1. <input type="text"/>	<input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. <input type="text"/>	<input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**AVAILABILITY FOR INTERVIEW**

21. Where it is feasible to do so, some departments like to interview applicants before recommending admission. Overseas applicants are not normally required to attend. Please indicate any periods when you might not be available.

**OTHER APPLICATIONS**

22. Have you previously applied to UCL as a graduate student? ( ) YES  NO  If "YES", please state when you applied and for which programme.

23. Have you applications pending or do you intend to apply to other universities? ( ) YES  NO  If "YES", please detail institutions and programmes applied for.

**KNOWLEDGE OF UCL**

24. Source(s) of information about UCL programme applied for ( ) Prospectus/Departmental Brochure  UCL Academic Staff   
 Other Academic Staff  Employer  Former UCL Graduate  Recruitment Exhibition/Fair  British Council  Careers Centre   
 Newspaper/Magazine Advertisement  Which one?  Other  Please specify

**REFEREES**

25. State the names and addresses of the two people who have provided the references in the "Letter of Reference" envelopes that you are returning with this application.

1. <table border="1" style="width: 100%;"> <tr><td colspan="2">Name</td></tr> <tr><td colspan="2">Position</td></tr> <tr><td colspan="2">Address</td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td style="width: 50%;">Tel</td> <td style="width: 50%;">Fax</td> </tr> <tr><td colspan="2">E-mail</td></tr> </table>	Name		Position		Address						Tel	Fax	E-mail		2. <table border="1" style="width: 100%;"> <tr><td colspan="2">Name</td></tr> <tr><td colspan="2">Position</td></tr> <tr><td colspan="2">Address</td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td style="width: 50%;">Tel</td> <td style="width: 50%;">Fax</td> </tr> <tr><td colspan="2">E-mail</td></tr> </table>	Name		Position		Address						Tel	Fax	E-mail	
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**APPLICANT'S DECLARATION**

- To the best of my knowledge, the information on this application is accurate and complete. (Please note that UCL reserves the right to refuse admission or to terminate a student's attendance should it be discovered that he/she has made a false statement or has omitted significant information. If you are offered a place, you will be required to provide evidence of your qualifications.)
- Data Protection Act 1998: I agree to UCL processing personal data contained on this form, or other data which UCL may obtain from me or other people or organizations whilst I am applying for admission. I agree to the processing of such data for any purpose connected with my studies, or my health and safety whilst on UCL's premises or for any other legitimate purpose.

Signature ..... Date .....

Please return this form, together with two letters of reference, transcripts for any relevant non-UK qualifications (transcripts for all qualifications for Laws applicants), the disability and ethnic origin monitoring form and, where appropriate, an English language test certificate to:

**College Admissions Office, UCL, Gower Street, London WC1E 6BT**



## Disability & Ethnic Origin Monitoring Form

Please note that this form will not be passed to any admissions tutor. UCL is required to supply the information to the Higher Education Statistics Agency.

If you have a disability that is likely to require special arrangements to be made for you if you are invited for interview or while you are studying at UCL, you should contact UCL's Disability Co-ordinator. Telephone (voice or minicom) UK 020 7679 1343; international +44 20 7679 1343; E-Mail p.mulcahy@ucl.ac.uk; Address - Registrar's Division, UCL, Gower Street, London, WC1E 6BT.

### Surname

### First Names

### Ethnicity

*Please tick one box.*

- |    |                          |                 |    |                          |                           |
|----|--------------------------|-----------------|----|--------------------------|---------------------------|
| 11 | <input type="checkbox"/> | White British   | 34 | <input type="checkbox"/> | Chinese                   |
| 12 | <input type="checkbox"/> | White Irish     | 39 | <input type="checkbox"/> | Asian Other               |
| 19 | <input type="checkbox"/> | White Other     | 41 | <input type="checkbox"/> | White and Black Caribbean |
| 21 | <input type="checkbox"/> | Black Caribbean | 42 | <input type="checkbox"/> | White and Black African   |
| 22 | <input type="checkbox"/> | Black African   | 43 | <input type="checkbox"/> | White and Asian           |
| 29 | <input type="checkbox"/> | Black Other     | 49 | <input type="checkbox"/> | Other Mixed background    |
| 31 | <input type="checkbox"/> | Indian          | 80 | <input type="checkbox"/> | Other Ethnic background   |
| 32 | <input type="checkbox"/> | Pakistani       | 98 | <input type="checkbox"/> | Information refused       |
| 33 | <input type="checkbox"/> | Bangladeshi     |    |                          |                           |

### Disability

*Please tick one box.*

- |    |                          |                                     |    |                          |                                 |
|----|--------------------------|-------------------------------------|----|--------------------------|---------------------------------|
| 00 | <input type="checkbox"/> | No Disability                       | 05 | <input type="checkbox"/> | Personal care support needed    |
| 01 | <input type="checkbox"/> | Dyslexia                            | 06 | <input type="checkbox"/> | Mental health disability        |
| 02 | <input type="checkbox"/> | Blind/partially sighted             | 07 | <input type="checkbox"/> | Unseen disability e.g. diabetes |
| 03 | <input type="checkbox"/> | Deaf/hearing impairment             | 08 | <input type="checkbox"/> | Multiple disabilities           |
| 04 | <input type="checkbox"/> | Wheelchair user/mobility difficulty | 09 | <input type="checkbox"/> | Other disability                |

Are you in receipt of a UK disabled student's allowance?

Yes (tick)

No (tick)

**Please return this form with the rest of your application.**