

# Postgraduate Application Form 2005 Entry



Please use the enclosed notes to help you complete this form

## Personal Details

Title (Mr/Miss/Mrs/Ms/Dr)	Male (M) Female (F)	Surname (Family Name)	
Forenames			
Previous Surname/Family Name		If you have previously applied to this Institution, application/student number if known	
Permanent/Home Address		Correspondence Address	
Postcode (UK only)		Postcode (UK only)	
Telephone Number		Telephone Number	
Mobile Phone Number		Mobile Phone Number	
Fax Number		Fax Number	
Email Address		Email Address	

## Further Details

Date of Birth	dd/mm/yy	Country of Birth	
Nationality (as stated in your passport)		Area of Permanent Residence (note 1)	

Who is paying your fees (note 2)  Residential Category (note 3)

Do you have a disability/special need/medical condition which may effect your studies? Yes  No  If yes, enter code (see note 4)

## Applicants not born in the United Kingdom

Date of first entry to UK	Date of most recent entry to UK	Date you were granted permanent residence
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## Criminal Convictions

Do you have any relevant criminal convictions? (note 5) Yes

## Course Details

Title of Course applied for	Course Code	Year and Month of Entry	Level of Entry
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## Mode of study

Full Time  Sandwich  Part Time  Distance Learning

Alternative course(s) for which you wish to be considered

## Additional Information (not used for selection purposes) (note 6)

Occupational Background	Ethnic Origin (UK applicants only) <input type="checkbox"/>
Name of previous educational Institution	Location

## Office Use

U	Conditions	Applicant's Reply (Accept or Decline)		Fee Status Checked	<input type="checkbox"/>
C				Special Needs Checked	<input type="checkbox"/>
R	Input to System (initials)	PoE	Date and Signature	Interview	Criminal Convictions Checked <input type="checkbox"/>

## Academic Record

Please provide transcripts/copies of qualifications

Please give details of all qualifications acquired from Further and Higher Education to date

Date	Name and Address of Educational Establishment	Qualification/Subject	Result Grade, % or Mark

Please provide details of final year undergraduate study (if appropriate)

Date	Subject	Level	Credit Value	Grade (if known)

Please provide details of professional qualifications/accreditation

Date	Qualification	Professional/Awarding Body	By Examination Y/N

### English Language

If your first language or language of instruction is not English, have you taken or will you be taking, any of the following tests?

International English Language Test (IELTS)	Date Taken	Score
American Test of English (TOEFL)	Date Taken	Score
Other, Please specify	Date Taken	Score
Have you been taught in English? Yes No	If yes, state number of years	

### Employment Record

Please provide details of employment in the last five years in chronological order - most recent first

From		To		Job Title	Employing Organisation	Main Responsibilities
Month	Year	Month	Year			

## Personal Statement

Please write a statement on the sheet enclosed to support your application to study on this course. See note 9 for further assistance.  
Please note that your application will not be processed without a personal statement

### How did you hear about this course?

Advertisement - press	<input type="checkbox"/>	Careers Office	<input type="checkbox"/>	School/College	<input type="checkbox"/>
Advertisement - TV/Radio	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Family/Friends	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Work Colleague	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Prospectus	<input type="checkbox"/>	Open Day	<input type="checkbox"/>		

### References

Please provide the names and addresses of two referees: if you have attended a course leading to a qualification in the last three years, one must be an academic referee.

Name	Name
Address	Address
Telephone Number	Telephone Number

Please give the enclosed reference forms to your referees and ask them to return them directly to the departmental address printed on the reference form

References requested Yes  No

### Data Protection Act 1998

The data collected on this form will be used for the purposes of administering an application to the University of Portsmouth. It will also be used for educational administration if you subsequently become a student of the University. The records created with regard to this data are subject to regulation by the Data Protection Act 1998. The information contained in our records may be used for reporting, both internally within the University and to external bodies, who may include grant, loan or sponsor administrators and the Student's Union. In submitting your application, you are deemed to have consented to this data being processed.

### Declaration

I confirm that, to the best of my knowledge and belief, the information given on this form is true and complete and that any offer of a place at the University of Portsmouth is made on the basis of the information given on this form.

Signature	Date
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Please return this completed form, together with copies of transcripts/certificates, and any additional information to the Assistant Academic Registrar, University of Portsmouth, University House, Winston Churchill Ave, Portsmouth PO1 2UP. Fax No. (023) 9284 3082