

University of South Wales - Postgraduate Application

1. Applicant Details						
E-Mail						
First /Given Name(s)						
Surname /Family Name						
Student Type						
□ Home						
□ EU						
International						
Title (Ms/Mr/Mrs/Miss)						
Gender						
Surname at age 16						
Date of Birth (DD/MM/YY)						
Country of Birth						
Area of Permanent Residence						
Nationality						
Have you ever applied at the University of South Wales before?						
□ Yes						
Have you ever studied at the University of South Wales before?						

- Yes
- No

2. Proposed Courses

ourse Title
vel of Study
Undergraduate
Postgraduate
ode of Study
Full Time
Part Time
Entry Year (MM/YY)
Further Applicant Details
ome Address:
reet & Number
ost Code & City
ountry
ome Phone Number
obile Phone Number

4. Qualifications

Important: Please provide details of all relevant academic qualifications, indicating whether they have been awarded or are still pending. You may list as many qualifications as you wish, but these should be in chronological order, with the most recent first.

You must submit copies of degree transcripts/certificates, translated into English by a verifiable source, where necessary, to authenticate the qualifications stated on the application form. Your application cannot be considered by the university until these documents have been received.

Qualification Name _____

Institute Name _____

Duration of Study							
Date you obtained this qualification							
Mode of Study							
Full Time							
Part Time							
Subject/Major							
Result (If a result is pending please enter 'pending')							
5. Work Experience							
Please add details of work experience relevant to your application.							
Approximates Dates (from – to) (MM/YY)							
Name of Company							
Type of Job:							
Full Time							
Part Time							
Job Title							
6. Funding							
Who will pay your tuition fee for the duration of the course?							
Government							

- Employer
- Myself
- Family

7.	Language Skills
	Qualification Name (e.g. IELTS)
	Institute Name
	Date Obtained (MM/YY)
	Result (If awaiting a result, please enter 'pending'.)

8. Referee

Details: Referee 1
Name
Occupation
Address
Post Code
Telephone Number
Fax Number
E-Mail Address
Details: Referee 2
Name
Occupation
Address
Post Code
Telephone Number
Fax Number
E-Mail Address

9. Required Information

How did you hear about us? _____ College Contact _____

Do you have any relevant criminal convictions?

- Yes
- No

If you select yes, you may be required to provide further details.

Do you consider yourself to have a disability or dyslexia monitoring?

- □ Yes
- No

If yes, please choose one of the options:

- □ Autistic disorder
- □ Blind / partial sight
- Deaf / partial hearing
- Unseen disability

- Mental health
- □ Learning difficulty
- □ Wheelchair / mobility
- Other disability
- Multiple disabilities

10. Declaration

If any of the information provided is incomplete or incorrect the University reverses the right to take any appropriate action which may include rejection or withdrawal at the point of application or at any point after enrolment regardless of the light of time already studies. If you accept an offer and fail to attend without explanation, the relevant authorities will be informed.

Your application will not be processed unless the declaration has been ticked. By submitting this application, you acknowledge that you understand and agree to your details being disclosed to staff within the University and to relevant authorities if deemed necessary by the University.

I confirm that I have read and understood the above statement, and that the information provided in this application is correct.

□ Yes, I do.

11. Permission

I hereby permit College Contact to submit the information which I have provided on this form to University of South Wales via an electronic online application form created and maintained by the University of South Wales.

Student Signature	 	 	
Date		 	