

Have you previously **applied** for admission to Postgraduate studies at Swansea? YES NO

If yes, please give year of application

Have you previously **studied** at Swansea? YES NO

3. YOUR EDUCATION

Please give details of your **first degree (or equivalent qualification)**.

Awarding Institution or Body:

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use only**

Official Name of Qualification:
(e.g. BA, Diplom, Maîtrise, Ptychion, etc)

Subject(s):

Result (if known):
(e.g. class, GPA, etc)

Date of Award:

Name and full postal address of the institution at which you studied for your first degree:

.....
.....
.....

Dates of Attendance: From: Month Year

From: Month Year

NOTE: If you accept the offer to undertake postgraduate studies at the University of Wales Swansea, it will be necessary to contact the awarding institution direct to confirm the details of your degree.

Higher Degrees and/or Professional Qualifications.

Title(s) Date(s) of Award(s)

Name of the institution or awarding body:

If this space is not sufficient, you may attach an additional sheet to your application form.

English Language Proficiency – applicable only if your first language is not English

Please give IELTS, TOEFL or CPE score.
Copies of the relevant certificates need to be attached.

Name of test:

Score:

Date of most recent test:

Date of forthcoming test:

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Use this space to indicate if your undergraduate course was taught through the medium of English or to add any further information regarding your English Language proficiency

You may be required to undertake further studies in English before you commence your postgraduate course

4. EMPLOYMENT INFORMATION

Please give details of any current/previous employment history (with dates) which may support your application. In addition to the completed application form, you may include a typewritten curriculum vitae.

| Name and address of employer (please state country if outside the uk) | Start date (month/year) | End date (month/year) | Position held and main duties (please state whether full or part-time) |
|--|----------------------------|--------------------------|---|
| | | | |

5. SUPPLEMENTARY PERSONAL STATEMENT

Please use this space to add information that is relevant to your application.

6. REFERENCES

Name:.....
Address:.....
.....
.....
Position:.....
Email address:.....

Name:.....
Address:.....
.....
.....
Position:.....
Email address:.....

7. DISABILITY/SPECIAL NEEDS

Please tick the appropriate box if you have a disability/special need which may affect your studies or may require special facilities or treatment. The information may be used to make appropriate arrangements to support your studies. (check box)

| | |
|---|---|
| 0 No disability <input type="checkbox"/> | 6 You have mental health difficulties <input type="checkbox"/> |
| 1 You have a specific learning difficulty (e.g. dyslexia) <input type="checkbox"/> | 7 You have a disability that cannot be seen (e.g. diabetes, epilepsy or a heart condition) <input type="checkbox"/> |
| 2 You are blind or partially sighted <input type="checkbox"/> | 8 You have two or more of the above <input type="checkbox"/> |
| 3 You are deaf or hard of hearing <input type="checkbox"/> | 9 You have a disability, special need or medical condition that is not listed above <input type="checkbox"/> |
| 4 You use a wheelchair or have mobility difficulties <input type="checkbox"/> | |
| T You have Autistic Spectrum Disorder or Asperger Syndrome <input type="checkbox"/> | |

8. DATA PROTECTION ACT

The University requires the information on this form for educational purposes and your personal data will be processed in accordance with the University's enrolment and current data protection legislation.

9. DECLARATION

Criminal Convictions

Do you have any criminal convictions? (See notes of guidance)

YES NO

I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided.

Signature of Applicant: Date:

Please return to contact listed on scholarship advert

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| | | | |
|--|---|---|---------------------------------|
| DEPARTMENTAL DECISION <i>(please check box)</i> | Accept Conditional <input type="checkbox"/> | Accept Unconditional <input type="checkbox"/> | Reject <input type="checkbox"/> |
| Please provide reason[s] in comments box below | | | |
| Conditions/Comments: | | | |
| Name of University subject/programme linked to award (ie. Ph.D. in Civil Engineering, M.Phil. in Materials Engineering) | | | |
| Advisory note from Admissions: | | | |
| Is the applicant a member of staff at University of Wales Swansea? Yes* No* (*tick box) | | | |
| For Research Students only: | Name of anticipated supervisor(s): | | |
| Recommended period of Enrolment (e.g. 36 months) | | | |
| Bench Fees (where applicable) | | | |

| | | |
|---------------------------|--------------------------------|-------|
| Name of Admissions Tutor: | Signature of Admissions Tutor: | Date: |
|---------------------------|--------------------------------|-------|

For Admissions Office use only

| | |
|---------------------------------------|--|
| Date Application Received by college: | Date Application received by Admissions: |
|---------------------------------------|--|