



Swansea University

Application for research Scholarship

1. PERSONAL DETAILS

Surname/Family Name		Previous Surname/Family Name (if relevant)		Other Names (in full)		Title
Permanent Home Address: Postcode: Telephone No. (including area code): Fax No. (inc. area code): Email address:				Correspondence Address: date month year date month year (From..... / / To..... / /) Postcode: Telephone No. (including area code): Fax No. (inc. area code): Email address:		
Nationality	Country of Permanent Residence		Date of Birth date month year / /	Male/Female	First Language (if other than English)	
Passport Number (Non - UK Applicants only):						
UK applicants: Have you been resident (apart from short absences e.g., for holidays) in the EU for the three years prior to the start date of your postgraduate studies? YES NO If NO, please give further details: Non-UK Applicants currently in the UK: On what date did you first enter the UK? date: month: year: For what purpose?					For University use only	

2. Scholarship Details

Title of Scholarship:					
Qualification aim linked to scholarship (check box)	MRes <input type="checkbox"/>	Masters By Research <input type="checkbox"/>	MPhil <input type="checkbox"/>	PhD <input type="checkbox"/>	EngD <input type="checkbox"/>
Date on which you would wish to begin your research	Month: _____ Year: _____ The University permits MPhil/PhD programmes to start on one of the following dates: 1 Oct, 1 Jan, 1 April, 1 July (subject to the approval of the School)				Full or Part-time:

Have you previously applied for admission to Postgraduate studies at Swansea?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please give year of application		
Have you previously studied at Swansea?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3. YOUR EDUCATION

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

Awarding Institution or Body:	For University 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:

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Dates of Attendance: From: Month Year

 From: Month Year

NOTE: If you accept the offer to undertake postgraduate studies at Swansea University, 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)
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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:	For University use only	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
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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:	Name:
Address:	Address:
.....
.....
Position:	Position:
Email address:	Email address:

7. DISABILITY/SPECIAL NEEDS

Please tick the appropriate box if you have a disability/special need so that we can make appropriate arrangements to support your studies.

I give consent for this information to be processed in line with the [Inclusive Student Support Privacy Statement](#) YES NO

No disability / Do not wish to declare	<input type="checkbox"/>	You have mental health difficulties	<input type="checkbox"/>
You have a specific learning difficulty (e.g. dyslexia)	<input type="checkbox"/>	You have a disability that cannot be seen	<input type="checkbox"/>
You are blind or partially sighted	<input type="checkbox"/>	(e.g. diabetes, epilepsy or a heart condition)	<input type="checkbox"/>
You are deaf or hard of hearing	<input type="checkbox"/>	You have two or more of the above	<input type="checkbox"/>
You use a wheelchair or have mobility difficulties	<input type="checkbox"/>	You have a disability, special need or medical	<input type="checkbox"/>
You have Autistic Spectrum Disorder or Asperger Syndrome	<input type="checkbox"/>	condition that is not listed above	<input type="checkbox"/>

8. GENERAL DATA PROTECTION REGULATIONS

You will be submitting personal data as part of this application process. Please see www.swansea.ac.uk/admissions/applicant-data-privacy-statement/ for information on how we will handle your personal data.

9. DECLARATION

I understand that any offer of a place at Swansea University will be based upon the information in this form or sent directly to the University in support of my application. I understand that Swansea University reserves the right to establish the authenticity of my application and to cancel my application if it transpires that false or misleading information has been provided by me, by my referee or by any other person acting on my behalf. If new information becomes relevant, I will contact the University's Admissions Office as soon as possible.

I agree to the above declaration and agree to the use of my data according to the [Applicant Privacy Statement](#) YES ☐ NO ☐

Signature of Applicant: _____ Date: _____

Please return to contact listed on scholarship advert

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DEPARTMENTAL DECISION (please check box)	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 Swansea University ? 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:
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