

Application for Admission to Graduate Studies

This form should be completed and returned (along with supporting documentation as required) to the Graduate Office, University of Leicester, University Road, Leicester LE1 7RH. Two sealed and stamped references should be included with this application form.

PERSONAL DETAILS

Surname/Family name:

First/given names:

Previous surname/Family name(if applicable):

Title (Dr, Mr, Mrs, Ms, Miss, etc):

Date of birth:

Sex (male or female):

Present nationality:

Country of birth:

Country of permanent residence:

ADDRESSES

Permanent home address:

Address for correspondence (if different from home address):

Postcode:

Postcode:

Tel:

Fax:

Fax:

email:

email:

PROGRAMME OF STUDY

COURSE TITLE (for taught courses only)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> MA | <input type="checkbox"/> MPhil |
| <input type="checkbox"/> MSc | <input type="checkbox"/> MEd (Research) |
| <input type="checkbox"/> LLM | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> MBA | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> PhD | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> Other | |

DEPARTMENT (for taught courses and research degrees)

Commencing in (year)

APPLICANTS FOR RESEARCH

Proposed start date: October January April July

NB: Candidates accepted onto research degree programmes will normally be registered as Advanced Postgraduate Students. Subject to satisfactory progress and the approval of the Board of Graduate Studies, this registration will be transferred to a specific degree (MEd, MPhil or PhD) after one year.

METHOD OF STUDY

UNIVERSITY STAFF MEMBERS ONLY

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Full time |
| <input type="checkbox"/> | Part time |
| <input type="checkbox"/> | Distance Learning |
| <input type="checkbox"/> | Occasional |

Please indicate whether you are applying for the remission of part time fees (forms available from the Graduate Office)

- | | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

FOR UNIVERSITY USE ONLY

Decision:
Faculty:
Department:
Course:
Start Date:
Supervisor(s):
Field of Study:

H O E

Planned Leaving Date:

CONDITIONS A - set B - satisfied

A	B	
<input type="checkbox"/>	<input type="checkbox"/>	Finance
<input type="checkbox"/>	<input type="checkbox"/>	Degree
<input type="checkbox"/>	<input type="checkbox"/>	English Language
<input type="checkbox"/>	<input type="checkbox"/>	References
<input type="checkbox"/>	<input type="checkbox"/>	Bench Fees
<input type="checkbox"/>	<input type="checkbox"/>	Other

EDUCATION AND QUALIFICATIONS

Give details of academic and professional qualifications already obtained and examinations still to be taken.

Name of institution / address	Dates (month - year) of attendance	Qualification/award (include class & division or grade obtained if known)	main subjects
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		

NB: Photocopies of all diplomas, certificates and course transcripts awarded for these qualifications must be enclosed with this application. In addition to diplomas and certificates, international applicants are requested to provide copies of their entire course transcripts including explanations of the mark schemes used and, where possible, an indication of their class ranking/position in class.

ENGLISH LANGUAGE COMPETENCE

Students educated outside the UK must provide, before they can be admitted to their chosen degree programme at the University, evidence that they have sufficient command of both spoken and written English. Acceptable evidence includes: GCSE/O-level English Language at grade C or above; an overall score of 6.0-6.5 in the British Council IELTS test (depending on the department); a score of 600 (250 computer score) in TOEFL, with a score of 4.0 in the Test of Written English (TWE).

a) Is English your first language? Yes No

b) Is/was English the language of instruction of your first degree? Yes No

If yes, please provide written confirmation from the institution where you undertook your studies, that English was the language of instruction.

c) Please list any formal English Language qualifications with results obtained (ie IELTS, TOEFL, GCE, GCSE) and the dates you took the test, or will be taking the test.

English Qualification:

Result:

Date:

NB: The University offers an English Language Programme for International Students. The courses are designed to raise English Language skills to an acceptable level to enter a chosen degree course. Students will start at the appropriate stage of the Preparatory courses (September, January, May or July) depending on current language level. If you would like to receive further information on the English Language Programmes on offer, please tick the box

EMPLOYMENT DETAILS / OTHER EXPERIENCE

Give details of any industrial, professional or research experience relevant to your application. In particular, applicants for post-experience programmes (eg Education, the MBA, Social Work) should complete this section as fully as possible.

Continue on a separate sheet if necessary. Indicate here if you have done this

Employer	Title and duties of post	Dates	
		From	To

OUTLINE OF RESEARCH INTERESTS/REASONS FOR APPLICATION FOR COURSE

Research applicants – give a brief description of your proposed research topics or interests, including the formal title of the proposed field of study. Please list any academic work you have had published or which is currently in the press, together with the name of the publisher or journal which has accepted it.

Taught course applicants – state your reasons for wishing to pursue the course for which you have applied.

Continue on a separate sheet if necessary. Indicate here if your have done this

FINANCIAL SUPPORT

How will you finance yourself at the University of Leicester?
Please tick as many boxes as apply:

self

family

employer

other (please give details)

scholarship (if you are applying for or have obtained a scholarship please give details)

Name of scholarship(s)

Which scholarship(s) have you obtained to date?

NB: No student may be admitted to the University without providing satisfactory evidence of ability to meet the expenses of their proposed course of study.

SPECIAL NEEDS OR SUPPORT

Please state any support required as a consequence of any disability or medical condition stated under 'monitoring information'.

OTHER INFORMATION

Do you have any criminal convictions? Yes No

NB: You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and/or up to three penalty points were imposed. If you tick the 'yes' box, you may be required to provide details of any convictions.

Applications to other institutions: Please give details of other institutions/programmes of study for which you are also applying at this time:

Finding out about Leicester: How did you first learn about your proposed programme of study at University of Leicester?

Press advertisement

Prospectus

Reference book on Graduate programme

Other

Internet

Met a University Representative

Careers Service

Alumni

Advice from another education establishment

British Council

REFEREES

Please give the names and addresses of your two references below. Your two references (sealed and stamped) should be returned with this application form. Candidates for any of the post-experience programmes (eg Education, the MBA, Social Work) and the MSc courses in the Geology Department, should ensure that they nominate a professional/industrial referee as well as an academic contact. Referees are required to comment on your academic suitability for your chosen course of study.

Name

Address

Name

Address

Tel

Fax

Tel

Fax

Email

Email

ALL APPLICANTS should note that the University reserves the right to make without notice changes in regulations, courses, fees etc at any time before or after a candidate's admission. Admission to the University is subject to the requirement that the candidate will comply with the University's registration procedure and will duly observe the Charter, Statutes, Ordinances and Regulations from time to time in force.

DECLARATION (to be signed by all applicants) I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I confirm that I have read the Data Protection Statement enclosed.

Signed

Date



SECTION 1 TO THE APPLICANT

This is one of two Graduate Reference Forms provided with your Application Form. Please complete this section before forwarding one form to each of your two referees, requesting that they complete Section 2. The forms should be sealed and stamped and returned with your application form.

Surname/Family name:

First names:

Title (Dr, Mr, Ms, etc):

PROGRAMME OF STUDY

- MA
- MSc
- LLM
- MBA
- PhD
- Other

- MPhil
- MEd (Research)
- Occasional
- Diploma
- Certificate

full time part time distance learning

Commencing in (year)

COURSE TITLE

(or field of study, if applying for research)

DEPARTMENT

APPLICANTS FOR RESEARCH:

Give a brief description of your proposed research topics or interests, including the formal title of the proposed field of study.

SECTION 2 TO THE REFEREE

The above-named is applying for admission to graduate studies at the University of Leicester, and has named you as a referee. We would be grateful to receive, in confidence, your opinion of the candidate's suitability for the proposed course of study. When commenting on his/her academic performance please give, if possible, the applicant's class ranking /position in class (including the total number of students in the class). If an exact position cannot be given, indicate the quartile in which you believe he/she has performed.

Please return this form sealed and stamped to the applicant concerned. Thank you for providing a reference.

Surname/Family name:

First names:

Title (Dr, Mr, Ms, etc):

Position:

Relationship to Applicant:

Address:

Tel:

Fax:

Email:

Reference

APPLICANTS NAME:

Signature of Referee

Date

Monitoring Information

THIS SECTION SHOULD ONLY BE COMPLETED IF YOU ARE PERMANENTLY RESIDENT IN THE UK

The University is committed to a policy of equal opportunities. In order to monitor the effectiveness of this policy, applicants are asked to complete this monitoring form. These statistics are used solely for the purpose of monitoring application and admission rates and form no part of the selection procedure. Please return your form together with your application for graduate studies to the Graduate Office. The monitoring form will be separated from your application which will be forwarded to the Department for consideration.

Please tick the box which you feel describes your ethnic origin.*

- | | | |
|--------------------------|------|--|
| <input type="checkbox"/> | (10) | White |
| <input type="checkbox"/> | (11) | White - British |
| <input type="checkbox"/> | (12) | White - Irish |
| <input type="checkbox"/> | (19) | Other White background |
| <input type="checkbox"/> | (21) | Black or Black British - Caribbean |
| <input type="checkbox"/> | (22) | Black or Black British - African |
| <input type="checkbox"/> | (29) | Other Black background |
| <input type="checkbox"/> | (31) | Asian or Asian British - Indian |
| <input type="checkbox"/> | (32) | Asian or Asian British - Pakistani |
| <input type="checkbox"/> | (33) | Asian or Asian British - Bangladeshi |
| <input type="checkbox"/> | (34) | Chinese or Other Ethnic background - Chinese |
| <input type="checkbox"/> | (39) | Other Asian background |
| <input type="checkbox"/> | (41) | Mixed - White and Black Caribbean |
| <input type="checkbox"/> | (42) | Mixed - White and Black African |
| <input type="checkbox"/> | (43) | Mixed - White and Asian |
| <input type="checkbox"/> | (49) | Other Mixed background |
| <input type="checkbox"/> | (80) | Other Ethnic background |
| <input type="checkbox"/> | (90) | Not known |
| <input type="checkbox"/> | (98) | Information refused |

TO BE COMPLETED BY ALL STUDENTS

DISABILITY/SPECIAL NEEDS

Please tick the box next to the statement which is most appropriate to you.

- | | | |
|--------------------------|------|---|
| <input type="checkbox"/> | (00) | You do not have a disability nor are aware of any additional support requirements in study or accommodation |
| <input type="checkbox"/> | (01) | You have dyslexia |
| <input type="checkbox"/> | (02) | You are blind/partially sighted |
| <input type="checkbox"/> | (03) | You are deaf/have a hearing impairment |
| <input type="checkbox"/> | (04) | You are a wheelchair user or have mobile difficulties |
| <input type="checkbox"/> | (05) | You need personal care support |
| <input type="checkbox"/> | (06) | You have mental health difficulties |
| <input type="checkbox"/> | (07) | You have an unseen disability, e.g. diabetes, epilepsy, asthma |
| <input type="checkbox"/> | (08) | You have two or more of the above disabilities/special needs |
| <input type="checkbox"/> | (09) | You have a disability not listed above |

Please specify:

Course applied for:

* These have been based on the categories in the Office of Population Censuses and Surveys (OPCS) 1991.