



UNIVERSITY OF
NORTH LONDON

University of North London Direct Application Form

(for Postgraduate, Professional, Undergraduate Part-Time and Distance Learning Courses only)

Please complete this application form in **BLOCK CAPITALS** and in black ink

1. Course to which you are applying	
Year of Entry: Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/>	
Course (Choice 1) Full-time <input type="checkbox"/> Part-time eve only <input type="checkbox"/> Part-time day only <input type="checkbox"/> Part-time day & eve <input type="checkbox"/> Part-time weekend <input type="checkbox"/> Distance Learning <input type="checkbox"/>	
Course (Choice 2 if applicable) Full-time <input type="checkbox"/> Part-time eve only <input type="checkbox"/> Part-time day only <input type="checkbox"/> Part-time day & eve <input type="checkbox"/> Part-time weekend <input type="checkbox"/> Distance Learning <input type="checkbox"/>	
Course (Choice 3 if applicable) Full-time <input type="checkbox"/> Part-time eve only <input type="checkbox"/> Part-time day only <input type="checkbox"/> Part-time day & eve <input type="checkbox"/> Part-time weekend <input type="checkbox"/> Distance Learning <input type="checkbox"/>	
Please state the month and year when you expect to start the Course. Month: _____ Year: _____	

2. Personal Details	
Title: Mr/Ms/Miss/Mrs etc:	
Surname/Family Name:	
First Name(s):	
Correspondence Address:	
Postcode:	
Telephone Number: (including STD Code): Day: _____ Evening: _____	
Fax Number:	
Email	
Home Address (if different):	
Postcode:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth: Day: _____ Month: _____ Year: _____	
Do you have a Disability/Special Needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please tick appropriate box in Section 10	

3. Fee Status	
(i) Country of Birth:	
(ii) Nationality (as on Passport):	
(iii) Have you ever lived outside (or were born outside) the EU? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(iv) Applicants not born in the EU answer the following: (a) Last date of entry to the EU excluding holidays? Date:	
(b) Have you applied for Refugee or Asylum status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Have you been granted indefinite leave to remain in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Permanent Residence granted:	
(d) Is your stay in the UK for education purposes, ie. a student visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. Payment of Fees	
Who is expected to pay your fees? (tick as appropriate)	
Your Employer	<input type="checkbox"/>
Yourself/Relative	<input type="checkbox"/>
Other Sponsor	<input type="checkbox"/> Please specify:
Local Education Authority:	

Decision by Admissions Tutor This Section is for OFFICE USE ONLY – Do not complete	Application No.
Date Received: Faculty: UNL Course Code: Year:	
Interview/Test:	Time: _____ Date: _____ Location: _____ With: _____
Course Offered:	The conditions of the offer are:
Unconditional Offer: Yes <input type="checkbox"/>	Conditional Offer: Yes <input type="checkbox"/>
Basis of offer (qualifications to be checked at enrolment)	
Reject: – Applicant not suitable for course	Yes <input type="checkbox"/> If REJECT can you suggest a more suitable course?
Course: _____	<input type="checkbox"/> Conditional. State conditions: _____ <input type="checkbox"/> Unconditional
Exemptions given: (please state)	
Academic Signature:	Date:
Fee Status assessed: Home <input type="checkbox"/>	Specified <input type="checkbox"/> By

5. Educational Qualification – Please state most recent first and attach COPIES of certificates or transcripts where possible.
 For International students these should be in both original language and English

University, School College Name and Address	Degree, Diploma, Certificate, A-level, GNVQ	Subject(s)	Pass Overall or Fail Overall	GRADES or CLASS	DATE STARTED AND DATE AWARDED

6. English Language Qualification

If English is NOT your first language, please specify which English language qualification you have or intend to take, and give the relevant grade/score for all components.

7. Employment

Employer's Name and Address	From Month & Year	To Month & Year	Position Held	Full-time or Part-time	Brief Outline of Duties

8. Personal Statement – Continue on a separate sheet if required

You are advised to complete this section with particular care and as fully as possible. Continue on a separate sheet if required.

You should include:

- (i) Your reasons for choosing the award/course.
- (ii) The knowledge, skills and positions of responsibility you have obtained through your work and/or education (whether paid, voluntary or domestic) which might be relevant to the award/course.
- (iii) The work experiences and/or personal developments which have been most important to you.
- (iv) The challenges facing you in your studies, work or personal career development.
- (v) Your future career plans.

9. Criminal convictions

Do you have any criminal convictions? YES NO

For Health & Social Work programmes any criminal conviction including spent sentences and cautions must be declared. For further guidance contact the Admissions Unit

10. Name and Address of Referee(s)

1. Indicate below the two referees to whom you have sent the enclosed reference forms:
2. Please try to supply:
 - (i) One academic reference from your most recent place of study eg. School, College or University
 - (ii) A reference from your present/recent employer.
3. University of North London will NOT request references from your referees. It is your responsibility to ensure that all references are forwarded to the Admissions Office at the University of North London.

REFEREE 1

Name:
Post Held:
Telephone No:

REFEREE 2

Name:
Post Held:
Telephone No:

11. Disability/Special Needs – Please tick the appropriate box:

The University encourages you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs.

- | | | | | | |
|----------------------------|--------------------------|--|--------------------------|---------------------------------|--------------------------|
| 0. No Disability | <input type="checkbox"/> | 3. Deaf/Hearing Impairment | <input type="checkbox"/> | 6. Mental Health Difficulties | <input type="checkbox"/> |
| 1. Dyslexia | <input type="checkbox"/> | 4. Wheelchair User/Mobility Difficulties | <input type="checkbox"/> | 7. Unseen Disability | <input type="checkbox"/> |
| 2. Blind/Partially Sighted | <input type="checkbox"/> | 5. Personal Care Support | <input type="checkbox"/> | 8. Disability not listed above. | <input type="checkbox"/> |

If disabled, please provide brief details :

12. Distance Learning Applicants ONLY

Please state the country/city where you intend to study:

City

Country

Please state the month and year when you expect to start your course

Month

Year

13. Previous Study at the University of North London

Have you previously studied at the University of North London?

Yes

No

If YES please state your old Student ID Number (if known)

14. How did you hear about the course at the University of North London?

We would be grateful if you could indicate below how you heard about the course you have applied for. This will enable us to plan further publicity more effectively

15. Declaration

I confirm that the information given on this form is correct and complete, and that I have completed all sections myself.

Signature of Applicant: Date:

CHECKLIST

- Have you:
1. Completed the application form in full.
 2. Attached copies of transcripts/certificates of your qualifications (where possible).
 3. Sent Forms for completion to two referees.

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

The Admissions Office, University of North London, 166 - 220 Holloway Road, London N7 8DB

Undergraduate applicants from UK and European Union

Telephone: 020 7753 3355 (+44 20 7753 3355)

Fax: 020 7753 3272 (+44 20 7753 3272)

International, Postgraduate and Professional applicants

Telephone: 020 7753 3333 (+44 20 7753 3333)

Fax: 020 7753 3271 (+44 20 7753 3271)

Applicant: Please complete this side of Reference Form

To: Name of Referee

Address of Referee

.....

..... Post Code



UNIVERSITY OF
NORTH LONDON

**Reference Request for Study at
University of North London**

Dear Referee

The person named in the panel below is applying for entry to study at University of North London. The applicant would like you to support his/her application and has sent this form directly to you. The University of North London has adopted this procedure in an attempt to reduce any delays with the applications we receive. We would be very grateful if you would let us have, on the reverse of this sheet or in a separate letter (attached to this sheet), your opinion of this applicant. You may find it convenient to refer to the numbered questions overleaf.

Please return this form with your comments, within 14 days, to:

Admissions Office
University of North London
166-220 Holloway Road
London N7 8DB

Please accept my thanks in advance.

Yours faithfully

Steve Edison
Admissions Officer

DETAILS OF APPLICANT

Applicant's Name	
Applicant's Surname/Family's Name	
Applicant's Address	
Date of Birth	
Course(s) applied for	1.
	2.
	3.

please tear here

Confidential Statement by Referee

Name of Referee:

Position/Occupation/Connection with Applicant:

Address of Referee

..... Post Code:

Telephone No.: Fax No:

It would be helpful if the following information about the applicant could be covered in your statement below:

- (i) Motivation and commitment
- (ii) Intellectual qualities including present and potential performance
- (iii) Personal qualities, including self-discipline
- (iv) Ability to organise his/her own time
- (v) Communication skills – oral and written
- (vi) Any other comments which you feel may be relevant to the candidate's application

Statement by Referee – Please affix official stamp, where appropriate, at the end of the statement

Signed: Date: