

International Student (Non-EU) Application Form

Personal Details

Title (Mr/Miss/Mrs/Ms)	Surname (Family Name)
Forenames	Male/Female
Permanent/Home Address	Correspondence Address
Postcode	Postcode
Telephone/Fax	Telephone/Fax
Email Address	Email Address

Further Details

Date of Birth	Country of Birth
Nationality	In which country do you normally live
Do you have a disability/special need? If so, please state	

Course Details

Title of course	Year of Entry
Alternative course(s) for which you wish to be considered	

Academic Record

Qualifications achieved from age 16 - Please enclose a copy of transcript/certificates

Name of School/College/University	Date From	Date To	Qualification achieved	Subjects	Grade

Office Use

U	Conditions	Applicant's Reply (Accept or Decline)		
C				
R	Input to System (initials)	PoE	Date and Signature	Interview

Qualifications/Courses still being undertaken

Name of School/College/University	Date to be taken	Qualification and level	Subject

English Language

If your first language or language of instruction is not English, have you taken, or will you be taking, any of the following tests?

International English Language Test (IELTS)	Date Taken	Score
American Test of English (TOEFL)	Date Taken	Score
Other, please specify	Date Taken	Score
Have you been taught in English? Yes No	If Yes, state number of years	

Employment - please continue on a separate sheet, if necessary

Most Recent Employer	Nature of Work	From	To

Personal Statement: Please tell us, using a separate sheet, why you wish to study your chosen course

Reference(s)

Please give the name(s) and address(es) of **one** person if you are applying for an **undergraduate** course and two people for a **postgraduate** course, who are acquainted with your academic work. Please enclose reference(s) with this form, if possible

Name	Name
Address	Address

How did you hear about this course?

Website British Council Prospectus Exhibition School/College Advertisement

Criminal Convictions

Do you have any criminal convictions? Yes No **If you do not tick one of these boxes your application will not be processed.**

Declaration

I confirm that, to the best of my knowledge and belief, the information given on this form is true and complete and understand that this is a condition of any offer of a place at the University of Portsmouth.

Signature	Date
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Please return this completed form, together with your personal statement, copies of transcripts/certificates, and any additional information to The Assistant Academic Registrar, University of Portsmouth, University House, Portsmouth PO1 2UP, United Kingdom. Fax No. +44 23 9284 3082