Application Form

Solely for use for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses.



Please read the accompanying Notes for Guidance before completing this form.

completing this form.	Queensgate, Huddersfield HD1 3DF	1
1. Personal Details Title Mr/Ms/Miss/Mrs etc.	Disability/special needs Please enter the appropriate code in the box provided if you have a physical or sensory disability which might in some way affect your studies at the institution or may require special facilities or treatment.	
Surname/Family Name (BLOCK CAPITALS)	(see Notes for Guidance) Please provide full details in Section 10.	7
First name(s)		
Previous surname, if changed	3. Fee Status	
Correspondence address	Country of Birth	
	Nationality	
	Country of domicile or area of permanent residence	
Postcode Telephone No Daytime Evening	Applicants not born in the European Union please state:	
(including STD code) Fax No:	Date of first entry to the EU]
Email:	Date of most recent entry to the EU	
Home address (if different)	Date from which you have been granted permanent residence in the EU	
	Passport Number: Date of Issue:	
	Payment of fees Who is expected to pay your fees? (research Council, LEA,	
Postcode	yourself, family member, employer, other)	
Telephone No Daytime Evening (including STD code) (if different)	If an LEA, which one?	
Fax No:	Have you previously received an educational award from UK public funds? YES/NO	
Sex: Male (M) Day Month Year	If so, please provide details:	
Female (F) Date of birth Your age on 31 December	Funding Body Course Dates	
in year of entry Years Months	Please note that if you are an international applicant currently in the U you must supply a copy of your passport/visa with your application.	
4. Details of course(s) to which you wish to apply		
Month and year in which you wish to start		
Course Title	full-time/sandwich/part-time/ of Yea	e
Please indicate how you heard of these courses		

5. Work experience: (Please consult Notes for Guidance before completing this section.) Give details of work experience, training and employment. Continue on a separate sheet if necessary.									
Job Title Nature of work/training	Name of organisation		Full-time or Part-time		From Month Year		To Month	To Month Year	
6. Last two educational establishments attended Name and address of the two most recent educational establishments attended.		ended.	Мо	Fro	om Year	Month	Γο Year	FT or PT	
7. Academic qualifications Summary of qualifications held on application. Please tick highest qualification held, and give details below.									
Mature Student - no formal qualifications	ONC/OND)			Postgraduate C	Certificate/Diploma	
Recognised Access Course	HNC/HND		D			Masters			
GCSE/GCE/CSE	First Degree				Other - please specify				
8. Qualifications and Examinations: Applicants should list all qualifications and subjects taken, whatever the result, in chronological order. If you are awaiting the result of any examination recently taken write PENDING in the result column. Qualifications awarded by BTEC or SCOTVEC - please attached transcript of all results if known. Where examinations are still to be taken, please list all modules with value and level of each. Continue on a separate sheet if necessary,									
Level, eg GCSE, A, HND, degree or professional qualifications	Subject		Da Month	te Year		Place of	study	Results (grades or bands)	CATS points (if applicable)

9. Further information (Please consult Notes for Guidance before completing this section)				
10. Physical or other disability or medical condition including any which might necessitate special arrangements or facilities (Please consult Notes for Guidance before completing this section)				
,				
11. Name and address of referee(s) (Please consult Notes for Guidance and course literature before completing this section)2.				
<u></u>		-		
Tel No	Fax No	Tel No	Fax No	

	confirm that, to the best of my knowledge, the information giv ar those relating to this section. I understand what they say, a of this application.		
Applicant's Signature			Date
Sharing of Informatio	n with Third Parties		
to a third party (Belle Acceptance for Studie	undertake a pre-sessional English programme (PSP) before larbys Educational Services Limited trading as Study Groupes (CAS) in connection with your visa application for the Fissue a CAS to students for certain pre-sessional English pro) to enable Study Group PSP only. Changes in Hor	to issue you with a Confirmation of me Office regulations mean that the
University, there may b	ee programme but do not have the required academic qualifi be an alternative course offered by our partner, Bellerbys Ec s is the case, the University will pass your details to Study G e.	ducational Services Limited	, trading as Study Group, which may
	nformation regarding international students or applicants will 's Data Protection Policy.	be carried out in accordan	ce with the Data Protection Act 1998
Please complete the sabove:	section below if you consent to your information being sha	red with Bellerbys Educat	ional Services Limited, as described
Print Name			
Signature			
Date			

If you do not wish for your information to be shared, or would like any further clarification regarding this, please do not hesitate to contact us at international.office@hud.ac.uk

Confidential Statement by referee				
Name of referee				
Post/occupation/relationship				
Address				
Telephone No (including STD)	Fax No (including STD)			
This form may be photocopied: please type or write in black ink within the frame. Typing is very much preferred. Please affix official stamp where appropriate, at the end of the statement.				
Name of applicant (block capitals or type)				
Section 8 checked as correct Yes/No				
Please return to: International Office				
University of Huddersfield Queensgate Huddersfield HD1 3DH	Signed Date			
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