

APPLICATION FOR ENTRY TO A COURSE ON THE POSTGRADUATE MODULAR SCHEME



PART 1 : PERSONAL DETAILS

If you have attended the University of Gloucestershire (formerly Cheltenham & Gloucester College of Higher Education) before, please state your Student Number, if known:

Unique Learner No:

Surname/Family Name:

Given Names:

Title: (Ms/Mrs/Miss/Mr/other)

Gender:

Date of Birth:

Permanent/Home Address & Postcode:

Postcode:

Telephone (day & evening, including code):

Fax:

Email:

Contact Address & Postcode (if different from home address):

Postcode:

Telephone (day & evening, including code):

Fax:

Email:

Please tick to show who will pay your tuition fees: Self Employer LEA Note: LEA funding is not available for most postgraduate courses.

Country of Birth:

Nationality:

Passport Number:

Is your permanent home in the UK? Yes No If 'No' where is your permanent home?

What was the date of your first entry to the UK?

Is English your first language? Yes No If 'no' attach evidence of proficiency in English (see prospectus for language requirements).

PART 2 : DETAILS OF THE PROGRAMME FOR WHICH YOU ARE APPLYING

Name of Course:

Which Award do you wish to complete (Postgraduate Certificate, Postgraduate Diploma or Masters Degree)?

If you do NOT intend to complete an Award but only want to take modules as an Associate Student, list the modules:

Mode of study (full-time, part-time. Note: International (non EU) students normally must study full-time):

Proposed date of entry: Year

Month

OFFICE USE

Applied for: Course code (eg MB) Award (C, D, M or Assoc) Mode (F or P)

Decision: Reject Offer:

Course code (eg MB) Award (C, D, M or Assoc) Mode (F or P)

Course Leader: ring any differences from programme applied for.

Conditions for Acceptance:

Course Leader's Signature: Date:

Course Leader: if applicant has potential APL claim, please advise student of APL process (see over).

PART 3 : QUALIFICATIONS AND EXPERIENCE

Give details of post-school qualifications (or A levels/equivalent if no higher qualification). Include any professional qualifications.

Institution	Qualification and Grade	Date entered	Date left
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your highest qualification is from a non-UK-based institution or Examinations Board, please enclose an official copy of the award certificate/transcript with your application, along with any official explanation/translation which will help us to judge its equivalence to UK qualifications.

Note any qualifications you anticipate gaining with date of expected completion and results to date:

Supply details of any professional, voluntary or other experience that you feel might qualify you for the programme as an alternative or in addition to formal qualifications:

Supply details of any experience or qualifications that you feel might qualify you for exemption from/credit for parts of the course for which you have applied. Note that these must be at **postgraduate** level.

If you intend to pursue your claim following offer of a place, a formal claim for credit must be made on the appropriate APL form (Accreditation for Prior Learning). Details of the application process for claiming credit are available from www.glos.ac.uk/apply/apl/index.cfm

Enter details of employment history, current or most recent first:

Employer's name & town	Nature of work	Date started	Date left
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART 4 : REFEREES

Please give names of **two** Educational or Professional Referees who can comment on your intellectual qualities and suitability for postgraduate work.

Ask your **first** referee to complete a report and return it to you in a **sealed envelope, with their signature across the seal**. The reference must be on letterheaded paper or have an official stamp. The reference must be headed by your **full name** and the **course for which you are applying**.

The university may choose to contact your second Referee for another report.

Referee 1

Name

Role/Designation (eg undergraduate tutor):

Institution and Address:

Phone/Fax/Email:

Referee 2

Name:

Role/Designation (eg line manager):

Institution and Address:

Phone/Fax/Email:

PART 5 : APPLICANTS WITH DISABILITIES

If you have a disability, or specific needs, we welcome your application to the university.

You are invited to use this section to highlight any special requirements you might have which you feel should be discussed in interview.

Please also indicate if there are any special requirements which we need to take into account if an interview is arranged (eg relating to physical access to interview room).

PART 6 : LETTER OF APPLICATION

Please use this space to give further information in support of this application, including a description of the factors influencing your choice of programme.

How did you learn about this course?

PART 7 : APPLICANT'S DECLARATION

I certify that the above information is correct to the best of my knowledge and I agree to comply with the regulations of the University. I confirm that I am familiar with the 'University Terms and Conditions' found at www.ecommercegateway.co.uk/glos/terms.asp

Signature of applicant:

Date:

Now TAKE A COPY OF THIS APPLICATION FORM for you own records.

Send the form with:

- sealed referees' report
- completed Equal Opportunities form
- official copy of award certificate/transcript if your highest qualification is from a non-UK-based institution or Examinations Board
- evidence of proficiency in English (eg IELTS certificate) if English is not your first language
- a stamped addressed envelope if you need acknowledgement of receipt

to this address:

Student Recruitment Office
University of Gloucestershire
Waterworth Building
The Park
Cheltenham
Gloucestershire GL50 2RH
United Kingdom

If you are a student from outside the European Union please

send your application form to this address:

International Development Centre
University of Gloucestershire
Jones Building
The Park
Cheltenham
Gloucestershire GL50 2RH
United Kingdom

IF YOU REQUIRE THIS FORM IN AN ALTERNATIVE FORMAT, PLEASE CONTACT THE DISABILITY ADVISER ON 01242 714540