

APPLICATION FORM

FOR POSTGRADUATE APPLICATIONS TO UNIVERSITY OF WESTMINSTER

PERSONAL DETAILS

Title	
First/given name(s)	
Surname or family name	
Date of Birth	
Adress	
Mobile number	

COURSE INFORMATION

Course	
Start date	

FURTHER DETAILS

Country of birth	
Date of first entry to live in the UK	
Nationality	
Area of permanent residence (e.g EU National)	

HOW DO YOU PROPOSE TO FINANCE FEES AND SUBSISTENS COST FORT HE COURSE OF STUDY?

- Self/Family
- Employer
- Scholarship
- Other

DO YOU HAVE A RELEVANT CRIMINAL CONVICTION?

- Yes
- no

DISABILITY/SPECIAL NEED

- no
- yes, please explain:

SCHOOL/HIGH SCHOOL DETAILS

School or college name	
Start date (mm/yyyy)	
End date (mm/yyyy)	
Attendance	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Sandwich

UNIVERSITY/COLLEGE DETAILS

Institution name	
Language of Instruction	
Start date (mm/yyyy)	
End date (mm/yyyy)	

Attendance	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Sandwich <input type="checkbox"/> Distance Learning
Award Level	
Award Title	
Result/Classification	

ENGLISH PROFICIENCY

- IELTS**
- | | |
|--------------|-----------|
| Test centre: | Date: |
| Reading: | Writing: |
| Listening: | Speaking: |
- TOEFL**
- | | |
|--------------|-----------|
| Test centre: | Date: |
| Reading: | Writing: |
| Listening: | Speaking: |
- Other:**

WORK EXPERIENCE

Employer name	
Employer address	
Telephone number	
Job description	
When did you start?	
When did you finish?	
Full or part time?	
Voluntary?	

Employer name	
Employer address	
Telephone number	
Job description	
When did you start?	
When did you finish?	
Full or part time?	
Voluntary?	

Are you intending to apply for a University of Westminster scholarship? The deadline for our scholarships is 1 May for September entry and 16 October for January entry. Not applicable to Research (MPhil/PhD) applicants.

- Yes
- No

REFEREE DETAILS

Referee 1

Name	
Position/Relationship	
Organisation	
Address	
Email	
Telephone	

Referee 2

Name	
Position/Relationship	
Organisation	
Address	
Email	
Telephone	

DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information or other material information has been omitted. I accept that if this is not the case, UKPASS shall have the right to cancel my application and I shall have no claim against UKPASS or any other higher education institution or college in relation thereto. I give my consent to the processing of my data by UKPASS and educational establishments. You have the right to cancel this application. If you decide not to take up your place at the university or college you must do this by informing the university or college who have offered you the place as soon as possible.

Place	
Date	
Signature	