


**APPLICATION FOR
A PROGRAMME IN POST GRADUATE STUDY**
 Admission Number
TO THE APPLICANT

1. Please complete the form in black ink in BLOCK CAPITALS
2. Surname or family name. Please give the name you wish for correspondence and by which you wish to be known should you register at the university.
3. If you are recognised by the UK authorities as an immigrant, a settled person, or a refugee, and have lived in the UK since being recognised please enclose a copy of the letter from the Home Office recognising you as a person in one of these categories.
4. Programmes normally commence in September or February. There is no formal closing date for applications, but early application is advised (preferably by 31st May, see current University Prospectus for exceptions). Applicants should note that many departments will wish to see as many applications for a course as possible before making a decision, and a speedy response to application is not always possible.
5. Completed application forms should be returned to: Post-Graduate Admissions, Glasgow Caledonian University, Cowcaddens Road, Glasgow G4 0BA. Tel: 0141 331 3065, Fax: 0141 331 3449
6. To enable your application to be considered, personal data provided on your application will be entered onto the University's computer records. At all times use of this data will be strictly in accordance with the principles laid down by the Data Protection Act 1998.

NAME AND ADDRESS

SURNAME/FAMILY NAME		PERSONAL DETAILS	Male – M Female - F
FORENAMES			
TITLE(Mr/Mrs/Miss/Ms)			
CORRESPONDENCE ADDRESS		Date of Birth (Day/Month/Year)	
Global Opportunities, HS-27, 2nd Floor, Kailash Colony Main Market, New Delhi-110048 Ph: 91-29237795, 29247796, 32427795 Fax: 91-11-41632038 Email: helpdesk@global-opportunities.net		Years	Months Your age on 30 September in year of entry to course
		Country of Birth	
		Nationality	
Postcode		How long have you been a resident in the UK	
Telephone Number		(insert life if appropriate)	Years

PERMANENT HOME ADDRESS

Postcode		Telephone No.	
Email Address			

PROGRAMME DETAILS

Title of Programme	
Application for entry in the academic year 20	

FOR OFFICIAL USE ONLYDECISION: **Interview**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	UOF	<input type="checkbox"/>	COF	<input type="checkbox"/>	REJ
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RESIDENCE

Where is your permanent home?(Please tick appropriate)

UK

EEC

Other

How long have you been resident in the UK? Insert 'Life' if appropriate

Date of first entry to the UK/Month/Year

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Give details of periods resident outwith UK

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Month

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Year

EMPLOYMENT AND EXPERIENCE

Give details of your work experience (if any) and of any previous employment, including name and address of employer(s), position held, type of work undertaken and duties. Continue on a separate sheet if necessary.

SPECIAL NEEDS

Please tick box if you have any special needs so that we can contact you for interview to discuss them

DECLARATION

I certify that the answers and other information given in this application are correct and complete. If I am admitted to the course I undertake to observe the University regulations and to ensure payment of fees and other liabilities.

Signature _____

Date _____

GLASGOW



CALEDONIAN
UNIVERSITY

STATEMENT BY REFEREE

In accordance with the Data Protection Act 1998, information provided by referees will be made available to applicants on their request.

Notes of Guidance for Educational Referees

The Referee report is an important part of the selection process and the information you give will aid admission tutors in making their decisions. Your report will be treated in the strictest confidence. Your reference should cover the following points.

1. Suitability for the course(s) applied for
2. Previous and potential academic performance
3. Career aspirations
4. Any other personal circumstances relevant to the application

NAME OF REFEREE

POST / OCCUPATION / RELATIONSHIP

ADDRESS

TELEPHONE NUMBER

Please return the completed statement to:

ADMISSIONS OFFICE, GLASGOW CALEDONIAN UNIVERSITY, COWCADDENS ROAD, GLASGOW, G4 0BA

NAME OF APPLICANT (Block Capitals)

PROGRAMME(s)

SIGNED: _____

DATE: _____