

Application for Admission to Graduate Studies

This form should be completed and returned (along with supporting documentation as required) to the Graduate Office, University of Leicester, University Road, Leicester LE1 7RH. Two sealed and stamped references should be included with this application form.

Please complete this form in BLOCK CAPITALS or type.

PERSONAL DETAILS

Surname/Family name:

First/given names:

Previous surname/Family name(if applicable):

Title (Dr, Mr, Mrs, Ms, Miss, etc):

Date of birth: Day | Month | Year

Sex (male or female):

Present nationality:

Country of birth:

Country of permanent residence:

ADDRESSES

Permanent home address:

Address for correspondence (if different from home address):

Postcode:

Tel:

Fax:

email:

Postcode:

Fax:

email:

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

Please confirm dates of your availability at these addresses

Start date:

End date:

Start date:

End date:

PROGRAMME OF STUDY

(a) Taught Postgraduate Course (eg: Master's Degree/PG Diploma/PG Certificate). Please state full title as given in the Postgraduate Prospectus:
(If you intend to apply for more than one course please complete one application form per course).

(b) Research Degree (eg: PhD/MPhil/Master's Degree by Research). Please state the degree and subject/department:

Proposed Date of Admission: month year

Full-Time Part-Time Distance Learning

UNIVERSITY STAFF MEMBERS ONLY

Please indicate whether you are applying for the remission of part time fees (forms available from the Graduate Office) Yes No

FOR OFFICE USE ONLY

Accept - Unconditional

Accept - Conditional

Reject

Department:

Course:

Start Date:

Supervisor(s):

Field of Study:

Fee Status: H/EU/O

CONDITIONS

Degree Date received in GO

English Language Date to Dept.....

References..... Date rec'd in Dept.....

Bench Fees..... Date returned to GO.....

Other Date rec'd back in GO.....

Date offer sent.....

OUTLINE OF RESEARCH INTERESTS/REASONS FOR APPLICATION FOR COURSE

Research applicants – Give a brief description of your proposed research topics or interests, including the formal title of the proposed field of study. Please list any academic work you have had published or which is currently in the press, together with the name of the publisher or journal which has accepted it.

Taught course applicants - State your reasons for wishing to pursue the course for which you have applied.

Continue on a separate sheet if necessary. Indicate here if you have done this

FINANCIAL SUPPORT

It is important that you give full consideration to how you will be able to finance your studies. For internal purposes, it is useful for us to know how you intend to finance yourself.

Please tick as many boxes as apply:

- | | |
|--|---|
| <input type="checkbox"/> self | <input type="checkbox"/> scholarship (if you are applying for or have obtained a scholarship please give details) |
| <input type="checkbox"/> family | Name of scholarship(s) |
| <input type="checkbox"/> employer | |
| <input type="checkbox"/> other (please give details) | Which scholarship(s) have you obtained to date? |

NB: No student may be admitted to the University without providing satisfactory evidence to meet the expenses of their proposed course of study.

SPECIAL NEEDS OR SUPPORT

Please state any support required as a consequence of any disability or medical condition stated under 'monitoring information'.

OTHER INFORMATION

Do you have any criminal convictions? Yes No

NB: You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and/or up to three penalty points were imposed. If you tick the 'yes' box, you may be required to provide details of any convictions.

Applications to other institutions: Please give details of other institutions/programmes of study for which you are also applying at this time:

Finding out about Leicester: How did you first learn about your proposed programme of study at University of Leicester?

- | | | |
|---|--|--|
| <input type="checkbox"/> Press advertisement | <input type="checkbox"/> Internet | <input type="checkbox"/> Alumni |
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Met a University Representative | <input type="checkbox"/> Advice from another education establishment |
| <input type="checkbox"/> Reference book on Graduate programme | <input type="checkbox"/> Careers Service | <input type="checkbox"/> British Council |
| <input type="checkbox"/> Other | | |

THIS SECTION SHOULD ONLY BE COMPLETED IF YOU ARE PERMANENTLY RESIDENT IN THE UK

The University is committed to a policy of equal opportunities. In order to monitor the effectiveness of this policy, applicants are asked to complete this monitoring form. These statistics are used solely for the purpose of monitoring application and admission rates and form no part of the selection procedure. Please return your form together with your application for graduate studies to the Graduate Office. The monitoring form will be separated from your application which will be forwarded to the Department for consideration.

Please tick the box which you feel describes your ethnic origin.*

- | | | |
|--------------------------|------|--|
| <input type="checkbox"/> | (11) | White - British |
| <input type="checkbox"/> | (12) | White - Irish |
| <input type="checkbox"/> | (19) | Other White background |
| <input type="checkbox"/> | (21) | Black or Black British - Caribbean |
| <input type="checkbox"/> | (22) | Black or Black British - African |
| <input type="checkbox"/> | (29) | Other Black background |
| <input type="checkbox"/> | (31) | Asian or Asian British - Indian |
| <input type="checkbox"/> | (32) | Asian or Asian British - Pakistani |
| <input type="checkbox"/> | (33) | Asian or Asian British - Bangladeshi |
| <input type="checkbox"/> | (34) | Chinese or Other Ethnic background - Chinese |
| <input type="checkbox"/> | (39) | Other Asian background |
| <input type="checkbox"/> | (41) | Mixed - White and Black Caribbean |
| <input type="checkbox"/> | (42) | Mixed - White and Black African |
| <input type="checkbox"/> | (43) | Mixed - White and Asian |
| <input type="checkbox"/> | (49) | Other Mixed background |
| <input type="checkbox"/> | (80) | Other Ethnic background |
| <input type="checkbox"/> | (90) | Not known |
| <input type="checkbox"/> | (98) | Information refused |

TO BE COMPLETED BY ALL STUDENTS**DISABILITY/SPECIAL NEEDS**

Please tick the box next to the statement which is most appropriate to you.

- | | | |
|--------------------------|-----|---|
| <input type="checkbox"/> | (0) | You do not have a disability nor are aware of any additional support requirements in study or accommodation |
| <input type="checkbox"/> | (1) | You have dyslexia |
| <input type="checkbox"/> | (2) | You are blind/partially sighted |
| <input type="checkbox"/> | (3) | You are deaf/have a hearing impairment |
| <input type="checkbox"/> | (4) | You are a wheelchair user or have mobile difficulties |
| <input type="checkbox"/> | (5) | You need personal care support |
| <input type="checkbox"/> | (6) | You have mental health difficulties |
| <input type="checkbox"/> | (7) | You have an unseen disability, e.g. diabetes, epilepsy, asthma |
| <input type="checkbox"/> | (8) | You have two or more of the above disabilities/special needs |
| <input type="checkbox"/> | (9) | You have a disability not listed above |

Please specify:

Course applied for:

*These have been based on the categories in the Office of Population Censuses and Surveys (OPCS) 1991.

REFEREES

Please give the names and addresses of your two referees below. Your two references (sealed and stamped) should be returned with this application form. Candidates for any of the post-experience programmes (eg Education, the MBA, Social Work), should ensure that they nominate a professional/industrial referee as well as an academic contact. Referees are required to comment on your academic suitability for your chosen course of study.

Name		Name	
Address		Address	
Tel	Fax	Tel	Fax
Email		Email	

DECLARATION

Before you sign and date this form please check that you have enclosed all the relevant documents with your application:

- | | |
|--|--|
| <input type="checkbox"/> Certificates/Transcripts of studies | <input type="checkbox"/> 2 References in signed and sealed envelopes |
| <input type="checkbox"/> English Language Certificate | <input type="checkbox"/> Any additional documentation required by the department |

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I confirm that I have read the Data Protection Statement enclosed.

Signed

Date

ALL APPLICANTS should note that the University reserves the right to make without notice changes in regulations, courses, fees etc at any time before or after a candidate's admission. Admission to the University is subject to the requirement that the candidate will comply with the University's registration procedure and will duly observe the Charter, Statutes, Ordinances and Regulations from time to time in force.