



Postgraduate Application Form

Apply Online: Please note that you now have the option to apply online instead of using this paper application form. For details please see <http://pgapps.nottingham.ac.uk/>

Please complete all questions in BLOCK CAPITALS in black ink and complete tick boxes as appropriate.

We also require you to submit 2 references in sealed envelopes and all other original supporting documentation before your application can be considered.

This form is available in alternative formats on request.

1 Programme Details	
Postgraduate Degree/Course (please state qualification and School for which you are applying)	
(a) Research Degree (eg PhD, MPhil, DM, New Route PhD, EdD). Please state the degree subject	
(b) Taught Postgraduate Course (eg masters degree/diploma/certificate) Please state full title as given in the University postgraduate prospectus	
(c) In which School of the University do you intend to study? (Please refer to the prospectus for the correct School names)	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (tick one)	Proposed date of admission <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y

2 Personal Details	
Surname/Family name	Title (Mr/Mrs/Miss/Ms/Dr)
First/Given names	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female (tick one) <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
Correspondence Address Please note: this is the address to which the University will send all correspondence Postcode From To <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	Telephone number Mobile number Fax number E-mail address
Add permanent home address if different from above Postcode From To <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	Telephone number Mobile number Fax number E-mail address

3 Nationality and Residence details

Nationality

Country of permanent residence

(a) Have you or your parents been resident in the UK for the past 3 years? Yes No

(b) If yes, was this solely for the purpose of education? Yes No

How do you intend to finance your studies? (Please tick as many as apply)
 Other (please specify) Self Family Employer Sponsor

For fees purposes do you think you are (tick one)

UK European Union Channel Islands International/non-EU

4 Academic History

Higher education institutions attended and qualifications obtained or entered for (you must supply full dates). Please start with the most recent.

All applicants should enclose official transcripts of their qualifications.

Name & Address of Institution	Dates of Attendance (date started and date awarded)	Qualification and class of degree (if any) (Give Grade Point Average if applicable)	Principal Subject(s) taken

Other information relevant to your academic history:

5 English Language Qualification(s)

Is English your first language?

Yes

No

Is/was English the language of instruction for your first degree?

Yes

No

If English is not your first language please provide details of your English language qualifications with results obtained and the date you took the test or will be taking the test.

You must provide an original copy of your English language test score report with your application.

	Score	Date Obtained
IELTS		M M Y Y
TOEFL (paper version)		M M Y Y
TOEFL (computer version)		M M Y Y
O level or GCSE		M M Y Y
Other (please specify)		M M Y Y

6 References

Please give the names of your two referees (please consult guidance notes). At least one should be from an academic member of staff at the institution where you gained your most advanced qualification

Referee 1	Referee 2
Name	Name
Address	Address
Position	Position
Telephone number	Telephone number
Fax number	Fax number
E-mail address	E-mail address

7 Personal Statement

(All applicants) Please use this space to summarise your academic interests and your reasons for choosing your intended course of study. You may continue on the back page if necessary.

(Research Applicants only) Please provide a brief outline of your proposed research topic or interests. If you have a detailed research proposal (not more than 2 pages) this may be attached. You should check the relevant school web site (<http://www.nottingham.ac.uk/schools.phtml>) regarding any specific guidelines on submitting your proposal.

Have you already made contact with a potential supervisor at Nottingham? Yes No

If yes, please give the name and School of the contact person at Nottingham:

Name

School

8 Career History

Please give details of relevant employment and/or professional experience. Please start with the most recent.
Continue on the back page or enclose a curriculum vitae if necessary.

Date(s)		Nature of work and position held (please specify whether post was full or part time)	Name and address of employer
From M M Y Y	To M M Y Y		
From M M Y Y	To M M Y Y		
From M M Y Y	To M M Y Y		

9 How did you learn about the University of Nottingham and its programmes ?

Advertisement in Newspaper/Journal.
Please name journal _____

Personal recommendation Poster British Council Postgraduate Prospectus

Exhibition/Fair (UK) Exhibition/Fair (Overseas) Internet Tutor

University Agent School/Dept Brochure Careers Office Advertisement in Directory

University of Nottingham Postgraduate Open Day

Directory text entry
Please name directory _____

Other (Please specify) _____

10 Disability, dyslexia or long-term medical condition

The University of Nottingham aims to provide an environment in which all of our students are able to participate fully in university life. In order to assist us provide suitable support, please indicate if you have a disability, this will not affect judgements concerning your academic suitability for a course, and will be treated confidentially.

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> You have a specific learning difficulty (for example dyslexia) |
| <input type="checkbox"/> You are blind or partially sighted | <input type="checkbox"/> You are deaf or have impaired hearing |
| <input type="checkbox"/> You use a wheelchair or have mobility difficulties | <input type="checkbox"/> You have mental health difficulties |
| <input type="checkbox"/> You have a disability that cannot be seen, for example, diabetes, epilepsy or a heart condition | <input type="checkbox"/> You have two or more of the above |
| <input type="checkbox"/> You have a disability, special need or medical condition that is not listed above | <input type="checkbox"/> You have an Autistic Spectrum disorder/Asperger Syndrome |

Further details/details about a disability not listed above

11 Criminal Convictions

Do you have any criminal convictions (excluding motoring offences for which a fine and/or 3 penalty points were imposed)

- Yes No

12 Please check that your application is complete and that you have enclosed all the relevant documents

- | | |
|---|--|
| <input type="checkbox"/> Transcript of studies | <input type="checkbox"/> 2 references in signed and sealed envelopes |
| <input type="checkbox"/> English language test score report (if English is not your first language) | <input type="checkbox"/> Research proposal (if required) |

The University collects information about its students for various academic, administrative, health and safety reasons. The information is processed in accordance with the 1998 Data Protection Act, and is disclosed to third parties only with the individual's consent or to meet a statutory obligation. The information provided on this application form will be stored electronically and used for administrative purposes by the University.

Declaration

I certify that the information provided above is correct and I understand that the University will withdraw my application if any aspect is found to have been falsified. I consent to the processing of information provided on this form subject to the provisions of the Data Protection Act (1998).

Signature

Date

When completed please return to:

The Postgraduate Admissions Office, Academic Office, E Floor, Portland Building, The University of Nottingham, University Park, Nottingham NG7 2RD UK

FOR OFFICE USE ONLY

Accept-Unconditional

Accept-Conditional

Reject

Conditions:

Start date

Supervisor(s)/Course Organiser (please use capitals and give percentage e.g. 50%/50%)

Initial registration for the degree of:

Proposed thesis title or general area of research

Bench fee (If applicable)

Interviewed

Signed

Date

for the Head of Department