



# INTERNATIONAL STUDENT APPLICATION FORM

Please complete all sections applicable to you in CAPITAL LETTERS. Please remember to include copies of all transcripts and certificates, details of your English Language qualification and an academic reference. If you cannot provide transcripts, because you have not yet completed your most recent studies, then send them as soon as they are available - in the meantime please give us as many details as you can of your academic record. **WITHOUT THIS INFORMATION ASSESSMENT OF YOUR APPLICATION WILL BE DELAYED.** This form must be posted or faxed, details given at the bottom of this form. Please note that, in the case of UCAS degrees, the University will need to formalise unconditional offers of places via the UCAS Record of Prior Achievement (RPA) scheme.

## Undergraduate Scheme of Study Only

Student Number

### 1. PERSONAL DETAILS

Title: Mr  Mrs  Ms

Surname/Family Name: \_\_\_\_\_

Previous Surname/Family Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Correspondence From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No. (including area code): \_\_\_\_\_

Fax No. (inc. area code): \_\_\_\_\_

Email: \_\_\_\_\_

Permanent home address (if different to correspondence address)

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No. (including area code): \_\_\_\_\_

Fax No. (inc. area code): \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Male  Female

First Language (if other than English) \_\_\_\_\_

Do you have a Disability/Special Needs? \_\_\_\_\_

Do you have any criminal convictions? Yes  No  \*If Yes please provide further details in writing

### 2. PROPOSED STUDY

Course: \_\_\_\_\_

Exact Title of Course to which you are applying: \_\_\_\_\_

UCAS code (if relevant): \_\_\_\_\_ Date of Entry: \_\_\_ / \_\_\_ / \_\_\_ Level of entry: 1  2  3

### 3. FINANCE

Name of individual or organisation providing funds for study: \_\_\_\_\_

Is this definite proposed? Yes  No

Please note that evidence of financial support or award will be required prior to enrolment

## 4. YOUR EDUCATION

Please give details of your High School Education since age 11

Name of School attended:

Dates of Attendance: From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Qualification(s) awarded with dates:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please give details of your College/University Education if appropriate

Name of College/University attended:

Dates of Attendance: From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Qualification(s) awarded with dates:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

English Language Proficiency – applicable only if your first language is not English

Please give TOEFL, IELTS or CPE score. Copies of the relevant certificates need to be attached.

Name of test: \_\_\_\_\_ Score: \_\_\_\_\_

Date of most recent test: \_\_\_\_\_ Date of forthcoming test: \_\_\_\_\_

Use this space to add any further information regarding your English Language proficiency (e.g. if your High School /College/University course was taught through the medium of English).

You may be required to undertake further studies in English before you commence your undergraduate studies

## 5. EMPLOYMENT and/or WORK EXPERIENCE

(Please give details of employment/work experience to date)

| Job Title, Nature of Work/Training | Name of Company/Organisation | FT/PT | From  |      | To    |      |
|------------------------------------|------------------------------|-------|-------|------|-------|------|
|                                    |                              |       | Month | Year | Month | Year |
|                                    |                              |       |       |      |       |      |
|                                    |                              |       |       |      |       |      |
|                                    |                              |       |       |      |       |      |
|                                    |                              |       |       |      |       |      |
|                                    |                              |       |       |      |       |      |
|                                    |                              |       |       |      |       |      |
|                                    |                              |       |       |      |       |      |

## 6. PERSONAL STATEMENT

(Please tell us why you are applying, and why we should want you as a student)

If this space is not sufficient you may attach additional sheets to your application form

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## 7. ACADEMIC REFERENCES

Applications cannot be processed without references. Please provide the names, positions and addresses of two academic or work-related referees. Reference Forms are supplied with this application form to enable referees to reply direct to the Admissions Office.

First Referee: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

First Referee: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

## 8. DECLARATION

I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

When completed, this application should be returned to:

**The International Office,  
Swansea Metropolitan University,  
Mount Pleasant,  
Swansea SA1 6ED  
UK.**

**Tel: +44 (0)1792 481090**

**Fax: +44 (0)1792 481085**

**Email: international@smu.ac.uk**

### How did you learn about the Study Programmes at Swansea Metropolitan University?

World Wide Web     Prospectus     Word of Mouth      Careers Service     Education Fair   
Former students     Professional recommendation     Education Advisors     British Council

Other (give details) \_\_\_\_\_

### Checklist - please make sure that you include the following:

- Application form (signed and dated)
- Letter of reference
- Photocopies of any relevant academic documents and their verification of authenticity
- Photocopies of any English Language result, if applicable

### Data Protection Act 1998 Statement:

The University is a data controller in terms of the 1998 legislation. The Academic Registry Department follows the University policy on matters of data protection. The data requested in this application form is covered by the notification provided by the University under the Data Protection Act. Personal data will be used solely within Academic Registry for the purpose of making admission decisions and supporting records of the named student for his/her academic studies. Where appropriate, the data may be processed by the Computing and Information Services and for health and safety purposes. The data will not be passed to any third party without your consent, except where the University is by law required to do so. Appropriate security is in place to ensure that sensitive personal data is retained confidentially and is not retained for longer than necessary in providing student administration support.

Any formal queries concerning the use of data noted here should be addressed to the University's Data Protection Officer.

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When completed, this reference should be returned to:

**The International Office, Swansea Metropolitan University, Mount Pleasant, Swansea, SA1 6ED, UK**

**Tel: +44 (0)1792 481090, Fax: +44 (0)1792 481085**

**Email: international@smu.ac.uk**

## **OPEN REFERENCE**

The applicant has applied to this University to pursue a programme of study. Please complete this form to enable us to evaluate the candidate's suitability for admission to the above programme. Please comment specifically upon the applicant's qualifications and potential to undertake the chosen advanced studies.

Name of referee (in capitals): \_\_\_\_\_

Position: \_\_\_\_\_

Tel: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Signature of referee: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Name of Applicant (block capitals or type) \_\_\_\_\_