## **Application Form**

Solely for use for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses.



Queensgate, Huddersfield HD1 3DH

Please read the accompanying Notes for Guidance before completing this form.

1. Personal Details  Title  Mr/Ms/Miss/Mrs etc.  Surname/Family Name (BLOCK CAPITALS)	2. Disability/special needs  Please enter the appropriate code in the box provided if you have a physical or sensory disability which might in some way affect your studies at the institution or may require special facilities or treatment. (see Notes for Guidance)  Please provide full details in Section 10.
First name(s)	
Previous surname, if changed	3. Fee Status
Correspondence address	Country of Birth
	Nationality
	Country of domicile or area of permanent residence
Postcode Telephone No Daytime Evening	Applicants not born in the European Union please state:
(including STD code)  Fax No:  Email:	Date of first entry to the EU  Date of most recent entry to the EU
Home address (if different)	Date from which you have been granted permanent residence in the EU
Postcode  Telephone No Daytime Evening (including STD code) (if different)  Fax No:  Sex: Male (M) Pemale (F) Date of birth	Date of Issue:  Payment of fees  Who is expected to pay your fees? (research Council, LEA, yourself, family member, employer, other)  If an LEA, which one?  Have you previously received an educational award from UK public funds?  YES/NO  If so, please provide details:
Your age on 31 December in year of entry  Years  Months	Funding Body Course Dates
4. Details of course(s) to which you wish to apply	
Month and year in which you wish to start	
Course Title	Mode of study:  full-time/sandwich/part-time/ other/ Please specify  Year  Year ie of Year 1 Entry Year 2
Disease indicate how you heard of these sources	

ob Title ature of work/training	Name of org	Name of organisation			Full-time or Part-time		From Month Y		om Year		To Month   Year	
Last two educational establis me and address of the two mos			ablishmer	its attended.	Мо	Fro	om Year		Month	То	Year	FT or
Academic qualifications mmary of qualifications held on Mature Student - no formal	application. Plea	ase tick h	nighest qu	ualification hel	d, and give	details b	elow.					
qualifications			ON	C/OND					Postgraduate	e Certifi	cate/Diploma	
Recognised Access Course			HN	C/HND					Masters			
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9. Further information (Please consult Notes for Guidance before completing this section)						
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10. Physical or other disability or med	ical condition including any which might	necessitate special arrangements or f	acilities			
(Please consult Notes for Guidance before	10. Physical or other disability or medical condition including any which might necessitate special arrangements or facilities (Please consult Notes for Guidance before completing this section)					
11. Name and address of referee(s) (Pl	ease consult Notes for Guidance and course		)			
1.		2.				
Tal No	Fay No.	Tal No.	Fay No.			
Tel No	Fax No	Tel No	Fax No			
12. Declaration: I can confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read the instructions, in particular those relating to this section. I understand what they say, and I agree by the conditions set out there, which I accept as conditions of this application.						
Applicant's Signature			Date			

Confidential Statement by referee					
Name of referee					
Post/occupation/relationship					
Address					
Telephone No (including STD)	Fax No (including STD)				
This form may be photocopied: please type with a good black ribbon or write in black ink within the frame. Typing is very much preferred. Please affix official stamp where appropriate, at the end of the statement.					
Name of applicant (block capitals or type)					
Section 8 checked as correct Yes/No					
Please return to: International Office					
University of Huddersfield Queensgate	Jniversity of Huddersfield Signed				
Huddersfield HD1 3DH	Date				