

# Application Form



University of  
**HUDDERSFIELD**

Queensgate, Huddersfield HD1 3DH

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

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

<b>1. Personal Details</b>		Title <input type="text"/>						
Mr/Ms/Miss/Mrs etc.								
<b>Surname/Family Name</b> (BLOCK CAPITALS)								
<b>First name(s)</b>								
<b>Previous surname, if changed</b>								
<b>Correspondence address</b>								
Postcode								
Telephone No (including STD code)	Daytime	Evening						
Fax No:								
Email:								
<b>Home address (if different)</b>								
Postcode								
Telephone No (including STD code)	Daytime	Evening (if different)						
Fax No:								
Sex: Male (M) <input type="checkbox"/>	Date of birth							
Female (F) <input type="checkbox"/>	<table border="1" style="display: inline-table;"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
<b>Your age on 31 December in year of entry</b>	<input type="text"/>	<input type="text"/> Years <input type="text"/>						
		<input type="text"/>						

<b>2. Disability/special needs</b>
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)
<input type="text"/>
Please provide full details in Section 10.

<b>3. Fee Status</b>							
Country of Birth							
Nationality							
Country of domicile or area of permanent residence							
Applicants not born in the European Union please state:							
Date of first entry to the EU	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Date of most recent entry to the EU	<table border="1"> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Date from which you have been granted permanent residence in the EU	<table border="1"> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>					
<b>Passport Number:</b>							
Date of Issue:							
<b>Payment of fees</b>							
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:							
Funding Body	Course	Dates					
<input type="text"/>	<input type="text"/>	<input type="text"/>					

<b>4. Details of course(s) to which you wish to apply</b>			
Month and year in which you wish to start			
Course Title	Mode of study: full-time/sandwich/part-time/ other/ Please specify	Year of Entry	Stage ie Year 1 Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please indicate how you heard of these courses			





**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  
Huddersfield HD1 3DH  
UK

Signed \_\_\_\_\_

Date \_\_\_\_\_