

APPLICATION FORM FOR INTERNATIONAL STUDENTS

Event Code/Agents Stamp

You should use this form if you are applying for a full-time undergraduate course for example BA/BSc, or for a taught postgraduate programme for example MA/MSc. Do not use this form if you have already applied to UCAS or to the university directly. Applicants wishing to apply for research should contact research@tees.ac.uk.

IMPORTANT It is important that you complete A the form is incomplete. Remembe				layed if	
Please complete in black ink. USE		additional information to your	аррисаціон.		
I. COURSE DETAILS					
Full title of course [eg BA (Hons) Busines	s Studies/MSc Petroleum Te	echnology] – please refer to list of co	ourses in prospectus or on www.te	ees.ac.uk.	
1st choice			STARTING		
2nd choice Year: Month:					
3rd choice			Year/level of entry 1/2/	3	
2. PERSONAL DETAILS					
Your name should appear as it does in your	our passport. Please do not	t use abbreviations.			
Family Name:	Fore	enames:			
Title: Mr/Mrs/Miss/Ms/Other	Passport Number:	Gender: Male/Female	Date of Birth: dd/mm/yyyy		
Correspondence Address:		Home Address:	Home Address:		
Telephone No:		Telephone No:			
	Fav. Na.				
Mobile No:	Fax No:	f Permanent			
Country of Birth:	Coditily of	Residence:	Nationality:		
Disability/Special Needs					
Do you have a disability or specific learning	ng difficulty? Yes 🗌	No 🔲			
Please tick the appropriate box to which	your disability/special need	applies			
0 None		6 Mental health difficulti	es		
Specific learning difficulty (eg dyslexia)		7 Unseen disability eg as	sthma, diabetes, epilepsy, heart		
2 Blind/Visually impaired		condition, etc			
3 Deaf/Hearing impaired		8 More than one of the	above		
4 Wheelchair/mobility related disability		9 Not listed above - plea	ase provide details below		
\top Autistic Spectrum Disorder/Asperger	Syndrome				
Payment of fees					
Who is expected to pay your fees? Yourse	elf/family member/employe	er/sponsor/other:			
Please provide contact details	Name:				
•	Address:				
	/ (ddi C33.				

$\overline{}$		1 A I	~ A	_		
3.	OL	I /\ I	/ /\	- 1 - 1	17 NI	/ //
`	()(<i>1</i> – 1	· —			VI 7

List your relevant qualifications and enclose certified copies. You will be required to produce the original documents at registration.

Date of Examination Month and Year Title of Qualification Subjects (For example, Mathematics) Examination to be taken/awaiting results Date of Examination Month and Year Title of Qualification Subjects (For example, Mathematics)	Result/Grade
Date of Examination Title of Qualification Subjects	
Date of Examination Title of Qualification Subjects	
Date of Examination Title of Qualification Subjects	
Date of Examination Title of Qualification Subjects	
Date of Examination Title of Qualification Subjects	
Date of Examination Title of Qualification Subjects	
Date of Examination Title of Qualification Subjects	
Date of Examination Title of Qualification Subjects	
	Date of Result/Grade
4. LAST TWO EDUCATION ESTABLISHMENTS ATTENDED	
(For example School and College/University)	D'.1
	Did you study Full or Part-time?
5. ENGLISH LANGUAGE ABILITY Is English your first language? Yes No	
If no, please provide evidence of your English language ability below. You must enclose photocopies of your certificates. Indicate if y results.	you are awaiting tes
Name of Test/Examination Date of Test	Result
Date of rest	
6. CRIMINAL CONVICTIONS	

Please tick this box if you have any criminal convictions, which will be unspent at the time of your admission to the University. You should not include any motoring offences for which the penalty was no greater than a fine and/or three penalty points. If you tick yes, the University may ask you for further details.

	h
Yes	

7. WORK EXPERIENCE

Give details of work experience, training and employment if relevant. (This information will be taken into account for particular programmes for example, MBA). Continue on a separate sheet if necessary.

Employer's Name	Job Title	Full or Part-time	Job Description and Main	Responsibilities	Date From	Date To
8. FURTHER INFOR	RMATION					
		ny additional	information that may be relevant to	your application.		
		,	,	, , , , , , , , , , , , , , , , , , , ,		
				Continue on a seț	parate sheet if	necessary.
REFERENCE						
			ollege lecturer or employer. Referenc			
			m or provide a separate statement. e name of the course for which you		ng a separat	:e
CHECKLIST - HAVE YO	OLI?			, -		
■ Enclosed Certificates, Ma		Fvidenc	te of English Language level/ability	Attached referen	ice	
Answered YES/NO on c	,	_	red all the questions on the form	7 1000000		
	·					
9. DECLARATION						
Please read this declarate	tion carefully before sig	gning.				
I confirm that, to the be	st of my knowledge, th	e informat	ion given in this form is correct	and complete.		
	pplication.There will b		ails may be passed to the Universe for this service. If you do NOT			
			ct 1998 and information given o			

collaborative partners, it will be necessary to share information regarding your application. In addition it may be necessary

Date

to pass information to official UK bodies such as the Home Office to assist them in their duties.

Applicant's signature

10. STATEMENT BY REFEREE

Name of Referee:				
Job Title/Occupation and Relationship to the Applicant:				
Address:				
Telephone No:	Fax No:			
Please affix an official stamp at the end of the statement	Email:			
Referee's Signature	Date			

Academic Registry Please send your completed application form to:

(International Admissions) University of Teesside

Middlesbrough Tees Valley TSI 3BA

United Kingdom