



Registry use only
HNLF ENLF O

Two copies of this form should be sent to the postgraduate admissions office in the relevant School, Department or Centre

Please complete all sections, except shaded boxes

Course of study proposed	MA <input type="checkbox"/> MSc <input type="checkbox"/> MBA <input type="checkbox"/> MHM <input type="checkbox"/> Postgraduate diploma <input type="checkbox"/> Postgraduate certificate <input type="checkbox"/> Diploma to Master's conversion <input type="checkbox"/> Title of course (as given in the Postgraduate Prospectus)..... Proposed date of commencement full-time <input type="checkbox"/> part-time <input type="checkbox"/> modular <input type="checkbox"/>
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Personal information	Family name..... Other name(s)..... Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="checkbox"/> Address for correspondence..... Postcode..... Day-time tel..... Evening tel..... Fax..... e-mail..... Date of Birth / / Nationality (if dual give both)..... Country of permanent residence..... If from overseas and currently resident in the UK please state the date you arrived and any conditions of residence stated on your passport or visa Arrived..... Conditions.....
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Finance	How do you propose to finance your course of studies here? Private means <input type="checkbox"/> postgraduate award <input type="checkbox"/> employer <input type="checkbox"/> other <input type="checkbox"/> Please give the name and address of the person or organisation responsible for paying your fees.....
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Education School leaving qualifications	Title of qualification and subjects	Grade	School/College	Date obtained
Higher Education (degree etc held or currently being taken)	Degree title obtained or expected including major subjects. Enclose transcripts for overseas qualifications	Grade	University/College etc	Date obtained/expected
English Language (applicants whose first language is not English)	Qualification (see prospectus for details of acceptable qualifications)	Grade	Awarding body	Date obtained

Professional qualifications	Title of qualification(s)	Date	Whether by direct exam or by exemption

Employment history Please give brief details of previous employment. List in chronological order, most recent first	Name and address of employer	Title of position and nature of duties	Dates from	Dates to

**Other
information**

Please use this space to tell us why you want to do this course and what you feel you will contribute.

Referees Please give the full names and addresses of two referees. At least one must be an academic referee.	1.	2.
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Marketing information	How did you hear about this course? Advertisement (please specify publication) Other sources: from a friend/colleague <input type="checkbox"/> careers service <input type="checkbox"/> local library <input type="checkbox"/> yearbook <input type="checkbox"/> British Council <input type="checkbox"/> World Wide Web/Internet <input type="checkbox"/> other (please specify).....
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Declaration	I certify that the information given above is correct and hereby undertake, if admitted as a student of City University, to observe and comply with all ordinances and regulations of the University. Date Signature The information on this application form may be stored on a computer system.
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To be completed by the Board of Studies

Name of Applicant: Family name
 Forenames

Course title

Proposed date of registration / /

Registration category: Full-time Part-time Modular

Signature of Chair of Board of Studies

Date application approved by Board of Studies / /