

POSTGRADUATE APPLICATION FORM

SECTION 1: Programme Details

Master of Science in Project Engineering

Year of entry:

Month of entry:

SECTION 2: Personal Details

Previous student number (if applicable):

Surname:

Title:

Forename(s):

Known as:

Previous name (if applicable):

Address:

Postcode.

Telephone Number:

Mobile Number:

Email address:

Gender: Male

Female

Date of birth:

Nationality:

Date first came to the UK and purpose (if applicable)

Sponsor: Self

Sponsor

Career Development Loan

Source of Interest (where did you hear about this course?):

Previous/current student

Careers Fair

Direct Mail

Open Day

Internet (please state site)

Other (please state)

SECTION 3: Education and Qualifications

University or Institution	Dates		Subject Studied	Degree or Diploma	Result/grade or expected	Date gained or expected
	From	To				
English Language Proficiency:						

SECTION 4: Disability/Specific Needs

- 0 - None
- 1 - Dyslexia
- 2 - Blind/Partially sighted
- 3 - Deaf/Hard of hearing
- 4 - Wheelchair user
- 5 - Personal care or assistance
- 6 - Mental health difficulties
- 7 - Unseen disability, e.g. diabetes, asthma etc.
- 8 - One or more of the above disabilities
- 9 - Other disability not listed (please specify below)

Please provide details of any requirements for interview and/or study purposes.

SECTION 5: Employment Details

Dates		Organisation	Post(s) held	Main duties
from	to			

SECTION 6: Criminal Convictions

Please refer to the notes regarding the definition of criminal convictions

Do you have any criminal convictions? Yes No

Please provide brief details:

SECTION 7: Personal Statement and declaration

Please provide any further information in support of your application including your main reason for applying for this course at the University of Chester.

DECLARATION:

I understand that I am responsible for payment of all tuition fees. I agree to comply with the statutes, ordinances, bye-laws, regulations, rules and conditions of Oxford Academics and the University of Chester for the time being in force, including Health, Safety and Disciplinary Regulations. I agree that all ideas, materials or work produced by me and submitted as part of the requirements of my programme of study and all intellectual property rights therein will become the absolute property of Oxford Academics and the University of Chester, unless specifically agreed to the contrary.

Data Protection Act 1998

I consent to Oxford Academics and the University of Chester processing personal data contained in this form, or other data which may be obtained from me or others, including details of academic performance, learning support needs, disciplinary matters, destinations and comments on quality, closed circuit TV and video recording on university premises and holding my photograph which is used on the student ID card for any purpose connected with my studies, my health and safety, implementation of the Rules, to provide data that the University is required to hold or supply to the Higher Education Statistics Agency (HESA) or for any other legitimate reason. I consent to the disclosure of such information for academic administration purposes, in response to requests for references relating to continuing education, training or employment, for implementation of the Rules or in relation to council tax matters. I understand that HESA pass data to organisations that need it to carry out their statutory functions connected with funding higher education. I am aware that I may request a copy of information held about me on request and on payment of the appropriate fee and that further information regarding HESA can be found on IBIS.

Signature:

Date:

Please keep a copy of this form for your records and return the original to

POSTGRADUATE ADMISSIONS, OXFORD ACADEMICS

6 Newbury Street – Wantage – Oxfordshire - OX12 8BS

Please enclose a reference with your application or contact your referee to request they send the reference to POSTGRADUATE ADMISSIONS

If you have any queries, please contact: admissions@oxford-academics.uk.net

FOR OFFICE USE ONLY:

(Where applicable, please use the attached ADMISSIONS PROCEDURES MONITORING FORM). Academic Decision: Reject Accept

Conditions of offer:

Signed:

Date:

Qualifications confirmed by:

Certificate produced by student

Other:

Signed:

Date: