

FULL NAME:

International Application Form

University of Wolverhampton
International Office
International Admissions
Wulfruna Street
WOLVERHAMPTON
WV1 1SB
United Kingdom

The University of Wolverhampton's application form enables you to apply directly to the University for any non-Agency course. Please read the accompanying Notes for Guidance before completing this form

Telephone: (+44 1902) 321000
Fax: (+44 1902) 322070
E-mail: internationaladmissions@wlv.ac.uk
Internet: <http://www.wlv.ac.uk>

1. PERSONAL DETAILS

Family Name:		HKID :
First/ Given Name(s)		
Title (Mr/ Mrs/ Miss/ Ms etc):		
Main Contact Address		Home Address (if different)
.....	
.....	
..... Country Country
Main Contact Telephone Number:		
<i>(Including Country Code)</i>		
Home Telephone Number <i>(if different)</i> :		
Email Address		Fax Number
		<i>(Including Country Code)</i>

<p>SEX:</p> <p>Male (M) <input type="checkbox"/></p> <p>Female (F) <input type="checkbox"/></p>	<p>Date of Birth: (e.g. 15.03.1972)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Day</th> <th colspan="2">Month</th> <th colspan="2">Year</th> </tr> </thead> <tbody> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td> <td style="width: 20px;"> </td><td style="width: 20px;"> </td> <td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </tbody> </table>	Day		Month		Year							
Day		Month		Year									

DISABILITY/SPECIAL NEEDS

If you have a disability / special need and may require extra support in your study or accommodation, please enter in the box the type of disability code (See notes for guidance)

Please give details of any disability and indicate clearly what needs you have

.....

FULL NAME:

2. FURTHER DETAILS

Nationality:	Country of Permanent Residence:						
Country of Birth:	Residential Category: <input style="width: 40px; height: 15px;" type="checkbox"/>						
Have you lived within the UK during the past three years? YES/NO	If YES, please state date of first entry to live in the UK						
	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Day</th> <th style="padding: 2px;">Month</th> <th style="padding: 2px;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day	Month	Year			
Day	Month	Year					
Who will be paying your tuition fees? (Please give full name and address)							
.....							

3. DETAILS OF COURSE(S) TO WHICH YOU WISH TO APPLY (for further information please see the University prospectus)

Course Title/Subject Name(s)	Preference Order	Year/Month of Entry e.g. 2005 September	Point of Entry e.g. Year 1,2,3	Level: Postgraduate/ Undergraduate/ Professional	Mode of study: Full time/Sandwich/ Part time/ Distance Learning

Please indicate how you heard of these courses: e.g. Prospectus, British Council, Advertising, Fair

4. WORK EXPERIENCE (Please consult Notes for Guidance before completing this section. Give details of work experience, training and employment. Continue on a separate sheet if necessary.)

Employer Name/Training Body	Type of Business	Your Job Title	Part time/ Full time	From Month Year	To Month Year

FULL NAME:

5A QUALIFICATIONS GAINED: (If Exchange student write type of programme, e.g. ERASMUS)

English Language Qualification: Please indicate		TOEFL/CBT	<input type="text"/>	Score	<input type="text"/>
		IELTS	<input type="text"/>	Score	<input type="text"/>
		Other:			
		(please specify)			
Qualifications					
Name of Qualification	Duration/Date (Number of months/years)	Mode of Study (full time/part time)	Subject(s)	Result	Place of Study

Please enclose copies of the above qualifications. Please do NOT send the original document.

5B QUALIFICATIONS FOR WHICH YOU ARE CURRENTLY STUDYING:

Name of Qualification	Duration/Date (Number of months/years)	Mode of Study (full time/part time)	Subject(s)	Result expected/ predicted	Place of Study

Have you previously studied at the University of Wolverhampton? If yes, please give brief details (e.g. course, dates of study, student number)	YES/NO
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FULL NAME:

6. ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION:

PERSONAL STATEMENT

Reasons for applying for course/subject

Details of relevant work experience

Special interests / Career aspirations

Other relevant information

Do you have any criminal convictions? Yes No
(Please see Notes for Guidance)

7. NAME(S) AND ADDRESS(ES) OF REFEREE(S): (Please consult Notes for Guidance and course literature before completing this section)

1.

2.

Telephone number:
Fax number:
E-mail address:

Telephone number:
Fax number:
E-mail address:

8. DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand that the information provided will be held and processed by the University in accordance with the Data Protection Act (the Act) and I give my express consent to the processing of my personal sensitive data as defined by the Act by the University. I have read the Notes for Guidance and I undertake to be bound by them. I undertake to pay or cause to be paid to the University of Wolverhampton by the due date, all fees and charges for tuition, accommodation and other services and goods supplied to me by the University, should my application be successful.

Applicant's Signature Date:

9. ADDITIONAL INFORMATION

The University of Wolverhampton may send you information from other organisations about products and services directly relevant to higher education applicants. Please tick the box if you **do not** want to receive it

FOR OFFICE USE ONLY

Fee Status

Received by:

Date:

Admissions Tutor:

Qualifications verified YES/NO