



APPLICATION FOR POSTGRADUATE STUDY AND RESEARCH

When completed the form should be returned to:
 info@mctc.co.uk

PERSONAL DETAILS

Family name (i.e. surname)	
Other names	
Title (Please circle) Dr Mr Mrs Ms Miss Other _____	
Date of Birth (format e.g. 23 - 06 - 70) Day _____ Month _____ Year _____	
Sex (Please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	
Marital status (Please tick) Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
Country of birth	8. Nationality
Country of Permanent residence if not UK applicant	
If your country of permanent residence is the UK please give dates of commencement of residence or state "from birth"	
10. Ethnic background (See Guidance notes for appropriate code – please do not leave blank)	
11. Disability/Medical Condition/Special Need (See Guidance Notes for appropriate code)	
Permanent home address	
Postcode Country	
Telephone No Mobile No	
E-mail address	
12b. Correspondence address, if different (Remember you MUST advise us if this changes – All Correspondence will be sent to this address including offer letters)	
Postcode Country	
Telephone No Mobile No	
E-mail address	
Next of Kin Contact Name	
Next of Kin Address	
Postcode Country	
Telephone No	
If you have a relevant criminal conviction please tick the box <input type="checkbox"/> (see Guidance Notes for definition of relevant criminal conviction)	

PROPOSED PROGRAMME AND METHOD OF STUDY

Please tick one box in each line as appropriate and enter other information in full.

Field / Subject of study or name of course	School
Nature of study: By research <input type="checkbox"/> By course <input type="checkbox"/>	
Method of study: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Off campus / distance learning <input type="checkbox"/>	
Proposed starting date: Month: _____ Year: _____	
Proposed area of research: Please give details (in separate paper) of the proposed area of research	

PROPOSED AWARD Please tick the appropriate box below

BSs <input type="checkbox"/> BA <input type="checkbox"/> PhD <input type="checkbox"/> MPhil <input type="checkbox"/> MSc <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> MRes <input type="checkbox"/> Pg Dip <input type="checkbox"/>
Pg Cert <input type="checkbox"/> Pg F Dip <input type="checkbox"/> Others (please state).....

FINANCIAL DETAILS

Please supply a Statement of Financial Guarantee (**See Guidance Notes for further information**)

How will your fees be financed?

Overseas Government Employer Self-payer Others

Name and Address of the Sponsor who will pay fees and maintenance costs (if no grant/scholarship arranged).

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PREVIOUS ACADEMIC INFORMATION

DEGREES/DIPLOMAS/OTHER QUALIFICATIONS (Do not include High School qualifications)						
NAME OF UNIVERSITY/ COLLEGE/ INSTITUTION & COUNTRY	FROM (e.g. Oct 03)	TO (e.g. Jun 07)	TITLE OF QUALIFICATION (e.g. BSc Chemistry, MA Economics)	CLASS OF DEGREE (e.g. 2:1)	DATE AWARDED (e.g. Jun 07)	DATE <u>TO BE</u> AWARDED (e.g. Nov 07)

Please give details of subjects studied for above qualifications which are relevant to your proposed course of study. In addition, please give title of any dissertation or project undertaken. PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.

Is your native language English? Yes No

If your **native language is not English**, and you have **not already studied** for a degree which was taught in English, give details of English language qualifications held e.g. TOEFL where the minimum score is 213. (Remember to include a copy of your test result with this application)

Please indicate your current position in employment or training and give details of any other information, including relevant work experience, which is important to your application. For some courses work experience is essential. Please state whether work was full-time or part-time and give dates, job titles and principal responsibilities. Continue on another sheet if necessary.

REFERENCES – You are required to supply two academic references with your application. Please supply the names of your referees below. Please note it is your responsibility to contact these referees. (Applicants with relevant full-time work experience may use their current employer as one of the referees.)

NAME	JOB TITLE
ADDRESS	
TELEPHONE NO. E-MAIL (IF AVAILABLE)	
NAME	JOB TITLE
ADDRESS	
TELEPHONE NO. E-MAIL (IF AVAILABLE)	

DECLARATION

I confirm that to the best of my knowledge and belief the information given in this application is complete and accurate.
I understand and accept that the information contained in this application will be logged on a computer database and that it may be passed to concerned third parties for the purpose of processing and considering my application.

Signature of Applicant:**Date****CONDITIONS TO BE MET BY STUDENT BEFORE ENTRY (please tick as appropriate)**

A Need for further study. Please specify

B Need for Completion of present course. State minimum award for entry.

C Need for guarantee of adequate financial support.

Note: this is a requirement for all students. OFFERS MADE WILL NOT BE "UNCONDITIONAL" UNTIL THIS REQUIREMENT IS MET AND EVIDENCE PROVIDED.

D Need for further references. Please specify from whom.
Any others. (Please detail)