

**UNIVERSITY OF GREENWICH  
APPLICATION FORM**

Please read the accompanying Notes for Guidance before completing this form.

Application Ref. No.

<b>1. Personal Details</b>								
	Title	<input style="width: 450px; height: 25px;" type="text"/> Mr/Ms/Miss/Mrs etc.						
<b>When being addressed, do you want your family name to appear BEFORE your personal name</b>		<b>Yes/No</b>						
Surname/Family name (BLOCK CAPITALS)								
Personal name(s)								
Previous surname, if changed								
Correspondence address								
		Post Code						
Telephone No. (including STD code)	Daytime	Evening (if different)						
Fax No.								
<b>Home address (if different)</b>								
		Postcode						
Telephone No. (including STD code)	Daytime	Evening (If different)						
Fax No.								
Sex	Date of birth							
Male(M) <input style="width: 40px; height: 25px;" type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; text-align: center;">Day</td> <td style="width: 40px; text-align: center;">Mth</td> <td style="width: 40px; text-align: center;">Yr</td> </tr> <tr> <td style="height: 25px;"></td> <td></td> <td></td> </tr> </table>		Day	Mth	Yr			
Day			Mth	Yr				
Female(F) <input style="width: 40px; height: 25px;" type="text"/>								
Your age on 1 September in year of entry	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 25px;"></td> <td style="width: 40px; height: 25px;"></td> </tr> </table> Yrs			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 25px;"></td> <td style="width: 40px; height: 25px;"></td> </tr> </table> Mths				

<b>2. Disability/special needs</b>	
Please enter the appropriate code in the box provided if you have a physical or sensory disability which might in some way affect your studies at the institution or may require facilities or treatment. (see Notes for Guidance)	
Please provide full details in Section 10	<input style="width: 150px; height: 40px;" type="text"/>

<b>3. Fee Status</b>			
Country of Birth			
Nationality			
Country of domicile or area of permanent residence			
Applicants not born in the European Union please state:			
	Day	Mth	Yr
Date of first entry to the EU			
Date of most recent entry to the EU			
Date from which you have been granted permanent residence in the EU			
<b>Payments of fees</b>			
<b>Who is expected to pay your fees? (e.g. Research Council, Employer, family member, other)</b>			

Have you previously received an educational award from UK public funds?		Yes/No
If yes, please provide details:		
Funding Body	Course	Dates

<b>4. Details of course(s) to which you wish to apply; Month and year in which you wish to start</b>					
Award e.g. BA, MSc, HND	Programme Title	Preliminary choice of main subjects/options (if appropriate)	Mode of study: Full-time, Part-time, Day, Evening only, Other.	Year of Entry	Stage i.e. Year 1 Year2

Please indicate how you heard of these courses

**5.Planning statistics**

	Ethnic origin codes	
<p>Ethnic Origin</p> <p>Complete this section only if you have shown in Section 3 of the form that your area of permanent residence is in the U.K. Please choose from the ethnic origin terms printed here the one which you feel most nearly describes your ethnic origin and write the code in the box below.</p>	<p><b>White</b></p> <p>British 11</p> <p>Irish 12</p> <p>Other white background 19</p>	<p><b>Asian or Asian British</b></p> <p>Indian 31</p> <p>Pakistani 32</p> <p>Bangladeshi 33</p> <p>Chinese 34</p> <p>Other Asian background 39</p>
<p style="text-align: center;"> <input data-bbox="335 521 529 595" type="text"/> </p>	<p><b>Black or Black British</b></p> <p>Caribbean 21</p> <p>African 22</p> <p>Other black background 29</p>	<p><b>Mixed</b></p> <p>White and Black Caribbean 41</p> <p>White and Black African 42</p> <p>White and Asian 43</p> <p>Other mixed background 49</p>
<p>If you have used the code for Other white background (19), or Other black background (29), or Other Asian background (39), or Other ethnic background (80) please describe your ethnic background using your own words in the space provided below.</p>	<p>Other ethnic background 80</p>	

**6. Work Experience:** Please consult Notes for Guidance before completing this section. Give details of work experience, training and employment to date. Continue on a separate sheet if necessary.

Job Title Nature of work/training	Name of organisation	Full-time or Part-time	From		To	
			Month	Year	Month	Year

**7. Last two educational establishments attended**

Name and address of the two most recent educational establishments attended	Full-time or Part-time	From		To	
		Month	Year	Month	Year

**8. Academic qualifications**

Summary of qualifications held on application. Please tick (✓) highest qualification held.

Mature Student – no formal qualifications	<input type="checkbox"/>	ONC/OND	<input type="checkbox"/>	Postgraduate Certificate/Diploma	<input type="checkbox"/>
Recognised Access Course	<input type="checkbox"/>	HNC/HND	<input type="checkbox"/>	Masters	<input type="checkbox"/>
GCSE/GCE/CSE	<input type="checkbox"/>	First Degree	<input type="checkbox"/>	Other – please specify	<input type="checkbox"/>



**11. Name and address of referee(s)** (Please consult Notes for Guidance and course literature before completing this section)

1.		2.	
Tel No.	Fax No.	Tel No.	Fax No.

**12. PhD / MPhil applicants only:** Please tick below to indicate how fees will be paid

Self Funded	<input type="checkbox"/>	Employer Funded	<input type="checkbox"/>	Bursary/Studentship	<input type="checkbox"/>
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**13. PhD / MPhil applicants only:** Please write a few lines to indicate your area of interest and a possible research title


**14. PhD / MPhil applicants only (optional):** Please visit <http://www.cms.gre.ac.uk/web/Research> , review the ongoing research within the School of CMS and indicate a member (or members) of staff you would like to supervise your research.


**15. Declaration:** I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I have read the instructions, in particular those relating to this section. I understand what it says, and agree to abide by the conditions set out there, which I accept as conditions of this application

Applicant's Signature	Date
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