



GRADUATE STUDENT APPLICATION

PLEASE READ THE GUIDANCE NOTES BEFORE COMPLETING THE FORM, USE BLACK INK AND BLOCK CAPITALS.

PERSONAL DETAILS

1. Surname/Family Name (as in passport)

2. First Names (as in passport)

3. Title (Mr/Mrs etc.)

4. Do you require a student visa to study in the UK? (✓)

 Yes No

5. Passport Number

6. Passport expiry date

 Day Month Year

7. Date of Birth

 Day Month Year

8. Sex (✓)

 Male Female

9. Nationality

10. Country of Ordinary Residence

11. Home Address

 Postcode
Tel
Fax
Email

12. Correspondence Address (if different)

 Postcode
Tel
Fax
Email
Dates when address is valid From: To:

FOR OFFICE USE

Applic. No.

Date of Receipt

H/O/E/OX

Initials

PROGRAMME OF STUDY FOR WHICH YOU WISH TO APPLY

13. UCL Department/Institute

14. Qualification Sought (MA, MSc, etc.)

15. Research Subject Area/Taught Programme Title

16. Method of Study (✓)

 Full-time Part-time (where available)

17. Proposed Starting Date

 Month Year

18. Name(s) of proposed supervisor(s), if known (MPhil/PhD, MD(Res) only)

19. Subject Area (MFA/MA/Graduate Affiliate Fine Art only)

 Painting Sculpture *Fine Art Media

*If you are applying for Fine Art Media, please indicate your primary area of practice:

 Electronic Media Film/Video Photography Print Other (specify) _____

TO BE COMPLETED BY THE GRADUATE ADVISER/ADMISSIONS TUTOR AND RETURNED TO ADMISSIONS, UCL REGISTRY

Name of Tutor _____ Signature _____ Date _____

Departmental Action (✓)

 Accept (Please complete boxes below)

Admissions to send standard rejection letter? (✓)

 Reject Yes No Withdrawn

1. Qualification (MA, MSc, etc.)

2. Research Subject Area/Taught Programme Title

3. Method of Study (✓)

 Full-time Part-time Flexible

4. Start Date (if not September)

 Month Year

5. Research Duration

 Years Months

6. Fee Rate* (✓)

 Science Clinical *only for research in clinical sciences

7. Principal UCL Supervisor

8. Subsidiary UCL Supervisor

9. Off-campus Supervisor

10. Off-campus Institution (if applicable)

11. If Dean of Students (Academic) approval is required, please include a statement of support (see overleaf)

13. Other information, e.g. any studentships or scholarships allocated/nominated to be detailed on offer letter

12. Conditions of Admission

PLEASE DETACH APPLICATION FORM BEFORE SENDING

EDUCATION - QUALIFICATIONS ALREADY OBTAINED

20a. Detail your education since age 17. Start with the most recent qualifications. Where appropriate include professional qualifications.

Name of College/University/ Awarding Body (state country if outside the UK)	Start date (Month/Year)	End date (Month/Year)	Qualification (e.g. BA, BSc)	Overall class/ grade/GPA	Degree Title: Subjects studied and grades obtained so far

EDUCATION - QUALIFICATIONS CURRENTLY BEING TAKEN

20b. Detail qualifications yet to be awarded. Where appropriate include professional qualifications.

Name of College/University/ Awarding Body (state country if outside the UK)	Start date (Month/Year)	End date (Month/Year)	Qualification (e.g. BA, BSc)	Overall class/ grade/GPA	Degree Title: Subjects studied and grades obtained so far

ENGLISH LANGUAGE

21. Is English your first language? (✓)

Yes

No

If "NO" detail any work experience or education that you have undertaken in English. Provide the date and grade(s) of any English language test taken. Any work experience, education or test must have been within three years of your proposed start date at UCL. A copy of the test certificate should be enclosed with this application.

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FOR OFFICE USE. ADMISSIONS ADVICE FOR THE GRADUATE ADVISER/DEPARTMENTAL ADMISSIONS TUTOR

1. Academically qualified? (✓) <input type="checkbox"/> Yes <input type="checkbox"/> Not yet <input type="checkbox"/> No <input type="checkbox"/> Dean of Students (Academic) Approval	2. Academic equivalences UK 2.2 (or overseas equivalent) UK 2.1 (or overseas equivalent) Standard of applicant	3. Met UCL English proficiency requirement? (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Comments		

EMPLOYMENT

22. List your employment to date. You may include a copy of your curriculum vitae if this is more convenient. Medical or dental graduates should include full details of all periods of clinical training and clinical attachments.

Name and Address of Employer (state country if outside the UK)	Start date (Month/Year)	End date (Month/Year)	Position held and main duties

23. General Medical Council (GMC)/General Dental Council (GDC) registration: If you hold either GMC or GDC registration, please provide your reference number.

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SUPPLEMENTARY SUPPORTING STATEMENT

24. Describe your academic interests and reasons for applying. Research (MPhil/PhD etc.) applicants should state in which research areas or specific projects being offered by the department they are interested. LLM applicants should list the four subjects they wish to study. Applicants for the MA in Fine Art must refer to the instructions concerning their proposal for theoretical study on page 8. Applicants for other taught programmes, in particular flexible programmes, should indicate, where appropriate, the options/courses in which they are likely to be interested. Detail your career objectives and any relevant non-academic achievements as well as any publications. Outline any other relevant experience including attendance at specialist workshops or short courses. Continue on a separate sheet if required.

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PLEASE DETACH APPLICATION FORM BEFORE SENDING

FUNDING

Please refer to www.ucl.ac.uk/scholarships for information.

25. How will you be financing your studies at UCL? Please (✓) one or more boxes.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal/Family Resources	Loan	Studentship/Scholarship	Sponsorship	Other (please specify)

26. If you hold or are intending to apply for funding please state:

<input type="text"/>	<input type="text"/>	Has it been awarded? (✓)	<input type="checkbox"/>	<input type="checkbox"/>
Name of Award	Value and Duration of Award	Yes	Yes	Decision Pending
<input type="text"/>	<input type="text"/>	Has it been awarded? (✓)	<input type="checkbox"/>	<input type="checkbox"/>
Name of Award	Value and Duration of Award	Yes	Yes	Decision Pending

Please note, completion of this section does not constitute an application for funding.

AVAILABILITY FOR INTERVIEW

27. Where it is feasible, departments interview applicants before recommending admission. Overseas applicants are not normally required to attend but may be interviewed by telephone. Please indicate any periods when you might not be available. (State applicants see p9.)

KNOWLEDGE OF UCL

28. Where did you learn about the UCL programme applied for? Please (✓) or write in one or more boxes.

<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCL website	Other website (Please specify)	Prospectus/departmental literature	UCL academic staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other academic staff	Employer	Former UCL graduate	Student recruitment exhibition/fair
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Careers Centre	Newspaper/recruitment guide/magazine advertisement (please specify)	Other (please specify)	

DISABILITY/SPECIAL NEEDS

29. Do you have a disability? (✓) Please also complete the disability and ethnic origin monitoring form enclosed. Any information on disability will be passed (in confidence) to UCL's Disability Co-ordinator. If you have a disability that may require reasonable adjustments to be put in place, you must independently contact the Disability Co-ordinator to discuss your needs.

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

REFEREES

30. State the details of the two people who have provided references in the 'Letter of Reference' envelopes that you are returning with this application.

Name
Position
Address
Tel
Fax
Email

Name
Position
Address
Tel
Fax
Email

EQUAL OPPORTUNITIES POLICY

At UCL our principal concern when considering applications is to recruit and select students who are likely to complete the programme successfully and derive benefit from it. Once these requirements are met, we regard other issues such as disability, ethnic origin, sex, marital status, number of children, beliefs relating to religion, politics and sexual orientation as irrelevant.

APPLICANT'S DECLARATION

To the best of my knowledge, the information on this application is accurate and complete. (Please note that UCL reserves the right to refuse admission or to terminate a student's attendance should it be discovered that he/she has made a false statement or has omitted significant information. If you are offered a place, you will be required to provide evidence of your qualifications.)

Data Protection Act 1998: I agree to UCL processing personal data contained on this form, or other data which UCL may obtain from me or other people or organisations while I am applying for admission. I agree to the processing and disclosure of such data for any purpose connected with my studies, or my health and safety while on UCL's premises or for any other legitimate purpose, including the compilation of statutory statistical and personal returns that UCL is obliged to make to government or other agencies.

Signature _____ Date _____

Please return this form, together with two letters of reference, transcripts/diploma supplements (please refer to guidance notes), the disability and ethnic origin monitoring form and, where appropriate, an English language test certificate to:

PLEASE RETURN COMPLETED FORM TO: EDUCATIONAL PSYCHOLOGY GROUP, UCL, 26 BEDFORD WAY, LONDON WC1H 0AP



REFERENCE FORM FOR GRADUATE STUDY

APPLICANT'S NAME: _____

PROGRAMME OF STUDY: _____

The above student is applying to UCL for admission to a graduate programme of study. To assist us in the selection process, we should be most grateful if you could complete the four sections of this form.

1. (a) How long have you known the applicant? (b) In what capacity do you know the applicant?

(c) If you are an academic referee, please indicate the cohort against whom you are measuring the applicant (e.g. number of students/all students in current year/all students you have ever taught):

2. Please assess the applicant on a scale of 1 (lowest) to 10 (highest) in relation to the following criteria by circling the appropriate number:

Intellectual ability	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Motivation	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Written communication skills	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Oral communication skills	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Ability to organise workload	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Originality	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Overall assessment of applicant	1	2	3	4	5	6	7	8	9	10	Unable to Comment

3. We would be grateful if you would comment in writing on the applicant including if they have not yet graduated, what final degree classification or grade he/she is expected to obtain and any further relevant information, for example performance in the workplace or suitability for the programme applied for. (Continue overleaf or include a separate signed letter on headed paper if preferred.)

4. Recommendation (✓)

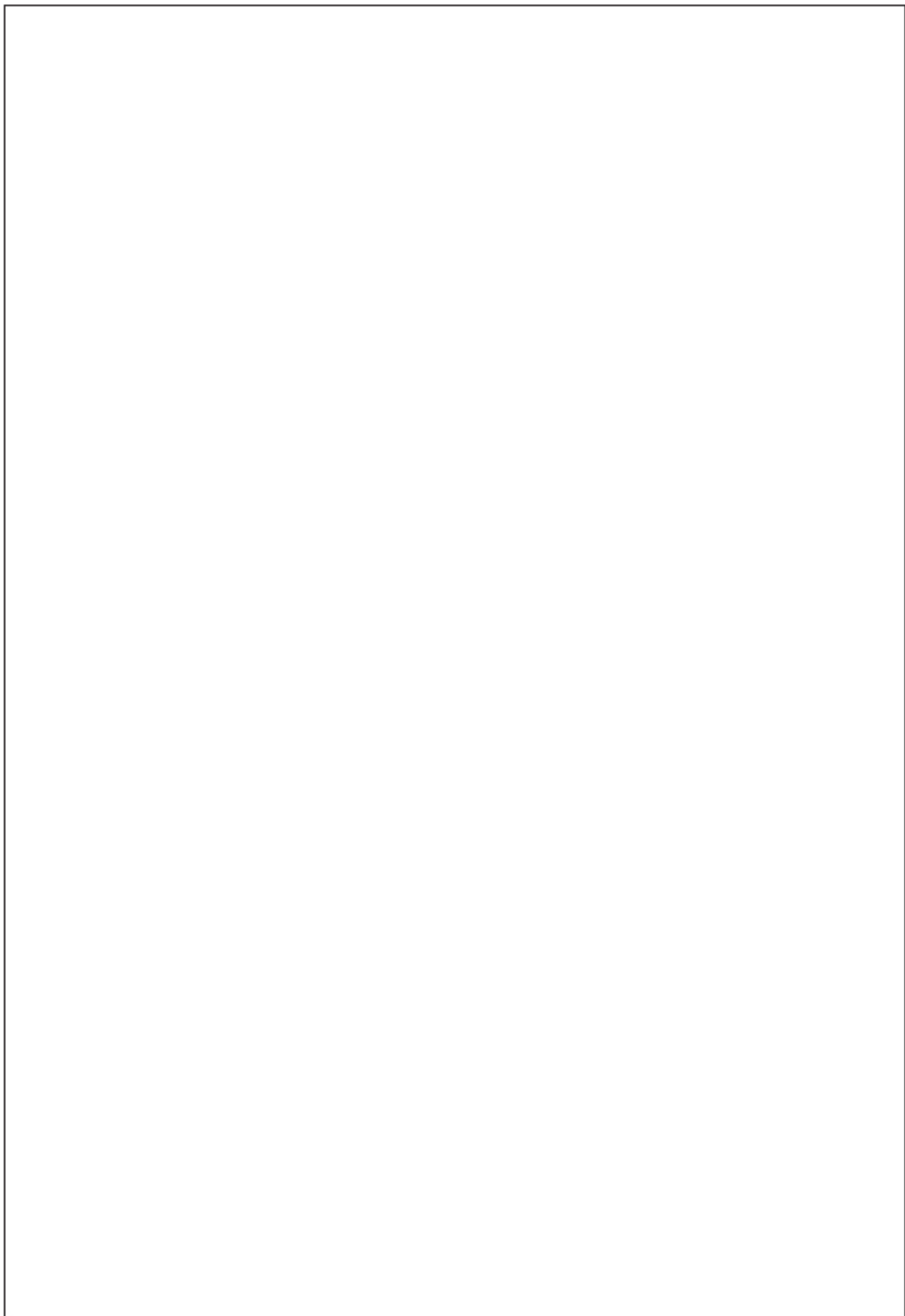
- I strongly recommend this applicant for the above programme of study. I recommend this applicant for the above programme of study.
- I do not recommend this applicant for the above programme of study. I am unable to comment.

CONTACT DETAILS

Name _____ Signature _____ Position _____

Tel _____ Email _____ Date _____

Thank you for your co-operation in completing this form. Please enclose this form and each letter in the envelope provided and sign across the seal before returning it to the applicant. Under the terms of the 1998 Data Protection Act, an applicant has the right to access any reference submitted to UCL. Please tick this box if you do not wish the applicant to have access to this reference.





DISABILITY AND ETHNIC ORIGIN MONITORING FORM

Please note that this form will not be passed to any admissions tutor. UCL is required to supply this personal information to the Higher Education Statistics Agency.

If you have a disability that may require adjustments to be put in place, you must contact UCL's Disability Co-ordinator, email: disability@ucl.ac.uk telephone: +44 (0)20 7679 0100; fax: +44 (0)20 7916 8530; address: UCL Registry, University College London, Gower Street, London WC1E 6BT.

SURNAME

FIRST NAMES

DISABILITY Please (✓) one box

- | | |
|--|--|
| A <input type="checkbox"/> No disability | G <input type="checkbox"/> You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D |
| B <input type="checkbox"/> You have a social/communication impairment such as asperger's syndrome/other autistic spectrum disorder | H <input type="checkbox"/> You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches |
| C <input type="checkbox"/> You are blind or have a serious visual impairment uncorrected by glasses | I <input type="checkbox"/> You have a disability, impairment or medical condition that is not listed above |
| D <input type="checkbox"/> You are deaf or have a serious hearing impairment | J <input type="checkbox"/> You have two or more impairments/and or disabling medical conditions |
| E <input type="checkbox"/> You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy | 97 <input type="checkbox"/> Information refused |
| F <input type="checkbox"/> You have a mental health condition such as depression, schizophrenia or anxiety disorder | |

Are you currently or have you previously been in receipt of a UK disabled student's allowance? Please (✓) one box

- Yes No

ETHNICITY Please (✓) one box

- | | |
|--|---|
| 10 <input type="checkbox"/> White | 34 <input type="checkbox"/> Chinese |
| 14 <input type="checkbox"/> Irish Traveller | 39 <input type="checkbox"/> Other Asian background |
| 21 <input type="checkbox"/> Black or Black British – Caribbean | 41 <input type="checkbox"/> Mixed – White and Black Caribbean |
| 22 <input type="checkbox"/> Black or Black British – African | 42 <input type="checkbox"/> Mixed – White and Black African |
| 29 <input type="checkbox"/> Other Black background | 43 <input type="checkbox"/> Mixed – White and Asian |
| 31 <input type="checkbox"/> Asian or Asian British – Indian | 49 <input type="checkbox"/> Other Mixed background |
| 32 <input type="checkbox"/> Asian or Asian British – Pakistani | 80 <input type="checkbox"/> Other Ethnic background |
| 33 <input type="checkbox"/> Asian or Asian British – Bangladeshi | 98 <input type="checkbox"/> Information refused |

Please return this form with the rest of your application to:

PLEASE RETURN COMPLETED FORM TO: EDUCATIONAL PSYCHOLOGY GROUP, UCL, 26 BEDFORD WAY, LONDON WC1H 0AP