

APPLICATION FORM FOR INTERNATIONAL STUDENTS

You should use this form if you are applying for a full-time undergraduate course for example BA/BSc, or for a taught postgraduate programme for example MA/MSc.

Do not use this form if you have already applied to UCAS or to the university directly. Applicants wishing to apply for research should contact research@tees.ac.uk.

IMPORTANT

It is important that you complete ALL sections and give as much information as possible. Your application may be delayed if the form is incomplete. Remember to attach all relevant additional information to your application.

Please complete in black ink. Use block capitals.

1. COURSE DETAILS

Full title of course - please refer to list of courses in prospectus or on www.tees.ac.uk.

Starting Academic Year 200.....

For undergraduate courses only - UCAS code:

Year of Entry (eg 1,2,3):

2. PERSONAL DETAILS

Your name should appear as it does in your passport. Please do not use abbreviations.

Family Name: Forenames:

Title: Mr/Mrs/Miss/Ms/Other Gender: Male/Female Date of Birth: dd/mm/yy

Correspondence Address:

Home Address:

Telephone No: Fax No: Email:

Country of Birth: Country of Permanent Residence: Nationality:

Disability/Special Needs

Do you have a disability or specific learning difficulty? Yes No

Please tick the appropriate box to which your disability/special need applies

- | | | | |
|--|--------------------------|---|--------------------------|
| 0 None | <input type="checkbox"/> | 6 Mental health difficulties | <input type="checkbox"/> |
| 1 Specific learning difficulty (eg dyslexia) | <input type="checkbox"/> | 7 Unseen disability eg asthma, diabetes, epilepsy, heart condition, etc | <input type="checkbox"/> |
| 2 Blind/Visually impaired | <input type="checkbox"/> | 8 More than one of the above | <input type="checkbox"/> |
| 3 Deaf/Hearing impaired | <input type="checkbox"/> | 9 Not listed above - please provide details below | <input type="checkbox"/> |
| 4 Wheelchair/mobility related disability | <input type="checkbox"/> | | |
| T Autistic Spectrum Disorder/Asperger Syndrome | <input type="checkbox"/> | | |
-

If you are living in the European Union but were born outside the EU please state date of first entry to the EU and your reasons for being here:

Payment of fees

Who is expected to pay your fees? Yourself/family member/employer/other:

Please provide contact details

Name:

Address:

3. QUALIFICATIONS

Please give details of relevant qualifications and enclose certified copies. You will be required to produce the original documents at registration.

Qualifications Held

Date of Examination Month and Year	Title of Qualification	Subjects (For example, Mathematics)	Result/Grade

Examination to be Taken/Awaiting Results

Date of Examination Month and Year	Title of Qualification	Subjects (For example, Mathematics)	Date of Result/Grade

4. LAST TWO EDUCATION ESTABLISHMENTS ATTENDED

(FOR EXAMPLE SCHOOL AND COLLEGE/UNIVERSITY)

Name and Address of Last Two Educational Establishments	From Month and Year	To Month and Year	Did You Study Full or Part-time?

5. ENGLISH LANGUAGE ABILITY

Is English your first language?

Yes

No

If no, please provide evidence of your English language ability below. You must enclose photocopies of your certificates. Indicate if you are awaiting test results.

Name of Test/Examination	Date of Test	Result

6. WORK EXPERIENCE

Give details of work experience, training and employment if relevant. (This information will be taken into account for particular programmes for example, MBA). Continue on a separate sheet if necessary.

Employer's Name	Job Title	Full or Part-time	Job Description and Main Responsibilities	From	To

7. REFERENCE

Please give the name of a person who will provide a reference for you, for example, teacher; college lecturer or employer. References from family members or friends are not acceptable. Your referee must either complete section 12 of this form or provide a separate statement. If your referee is providing a separate statement, it must include your name as printed on this form and the name of the course for which you are applying.

Name of Referee:

8. CRIMINAL CONVICTIONS

Do you have any criminal convictions, which will be unspent at the time of your admission to the University? You should not include any motoring offences for which the penalty was no greater than a fine and/or three penalty points. If you tick yes, the University may ask you for further details.

Yes

No

Please note that if you are convicted of a criminal offence while your application is being processed, you should notify the University immediately.

9. VISA

Do you have an appropriate visa?

Yes

No

Visa Expiry Date:

10. FURTHER INFORMATION

Please give your reasons for choosing the course and any additional information that may be relevant to your application.

CHECKLIST - HAVE YOU?

- | | |
|---|---|
| <input type="checkbox"/> Enclosed Certificates, Mark Sheets and Transcripts | <input type="checkbox"/> Evidence of English Language level/ability |
| <input type="checkbox"/> Answered YES/NO on disability | <input type="checkbox"/> Answered YES/NO on criminal record. |

11. DECLARATION

Please read this declaration carefully before signing.

I confirm that, to the best of my knowledge, the information given in this form is correct and complete.

The University is registered under the Data Protection Act 1998 and information given on this form will only be used in accordance with the terms of their registration. If you are applying via a third party for example an agent or one of our collaborative partners, it will be necessary to share information regarding your application. In addition it may be necessary to pass information to official UK bodies such as the Home Office to assist them in their duties.

Applicant's signature **Date**

12. ETHNIC ORIGIN

Please tick the appropriate box.

- | | | | |
|--------------------|--------------------------|--------------------------------------|--------------------------|
| 11 White British | <input type="checkbox"/> | 41 Mixed - White and Black Caribbean | <input type="checkbox"/> |
| 12 White Irish | <input type="checkbox"/> | 42 Mixed - White and Black African | <input type="checkbox"/> |
| 13 White Scottish | <input type="checkbox"/> | 43 Mixed - White and Asian | <input type="checkbox"/> |
| 14 Irish Traveller | <input type="checkbox"/> | 49 Mixed - Other | <input type="checkbox"/> |
| 15 White Welsh | <input type="checkbox"/> | 80 Other Ethnic background | <input type="checkbox"/> |
| 19 White - Other | <input type="checkbox"/> | 98 Prefer not to say | <input type="checkbox"/> |
| 29 Black - Other | <input type="checkbox"/> | | |
| 39 Asian - Other | <input type="checkbox"/> | | |

13. STATEMENT BY REFEREE

Name of Referee:

Job Title/Occupation and Relationship to the Applicant:

Address:

Telephone No: Fax No:

Please affix an official stamp at the end of the statement Email:

Referee's Signature:

Date:

Please send your completed application form to:

Academic Registry (Admissions)
University of Teesside
Middlesbrough
Tees Valley
TS1 3BA
United Kingdom



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TEESSIDE**

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