


If known, please enter your Recruitment ID

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 <p>UNIVERSITY OF ABERDEEN</p>	<p>Please return to: Postgraduate Registry University of Aberdeen King's College Aberdeen AB24 3FX Scotland, United Kingdom</p>
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APPLICATION FORM FOR POSTGRADUATE STUDY

Applicant Ref No (will be allocated by the University)	Date Received (entered by the University)

Section 1		Personal Details (BLOCK Letters Please)	
Surname/Family Name			
Forename 1			
Forename 2			
Forename 3			
Title: (Miss/Ms/Mrs/Mr/Dr)			
Previous Name (if applicable)			
Date of Birth			

Have you been a student in this University before? (please tick the appropriate box)	Yes		No		
If yes, please give your Student Identification number, if known					
If yes most recent Aberdeen University programme					

Section 2		Address Details (BLOCK Letters Please)		
Contact Address (for correspondence)				
Address Line 1				
Address Line 2				
Address Line 3				
Address Line 4				
Postcode				
Telephone Number (with country and area code)	Day		Evening	
Fax Number (if available)				
E-mail Address (if available)				
Permanent Home Address (if different from above)				
Address Line 1				
Address Line 2				
Address Line 3				
Address Line 4				
Postcode				
Telephone Number (with country and area code)	Day		Evening	
Fax Number (if available)				
E-mail Address (if available)				

Section 3		Personal Details (continued - BLOCK Letters Please)			
Entry Category Have you previously studied in UK Higher Education ?	Yes*		No		
* If yes, please enter HESA Student Identifier					
Permanent Domicile – Country (if outwith UK) County/Town (if within UK)					
Country of Birth					
Nationality					

Disabilities (Please tick the appropriate box)	
No known Disability <input type="checkbox"/>	<i>(If you tick this box please go to Residential Category)</i>
In Receipt of SDA, has disability <input type="checkbox"/>	Not in Receipt of SDA, has disability <input type="checkbox"/>
Details (Please tick the appropriate box)	
Dyslexia <input type="checkbox"/>	Blind/Partially Sighted <input type="checkbox"/>
Deaf/Hearing Impairment <input type="checkbox"/>	Wheelchair User/Mobility Difficulties <input type="checkbox"/>
Personal Care Support <input type="checkbox"/>	Mental Health Difficulties <input type="checkbox"/>
Unseen Disabilities, e.g. Diabetes <input type="checkbox"/>	Multiple Disabilities <input type="checkbox"/>
Autistic Spectrum Disorder or Asperger Syndrome <input type="checkbox"/>	
If you have a disability not listed above, please give brief details	
<input type="text"/>	
If support is required as a consequence of the above, please give brief details	
<input type="text"/>	

Residential Category (Please tick the appropriate box)	
UK/EU National, resident in the European Economic Area (EEA) for last 3 years	<input type="checkbox"/>
UK/EU National, temporarily employed outwith the EEA	<input type="checkbox"/>
Non-EU National, exempt from Immigration Control and resident in UK for last 3 years	<input type="checkbox"/>
Non-EU National, with Refugee Status or Exceptional Leave to Remain	<input type="checkbox"/>
National of Norway, Iceland or Liechtenstein in the UK as Migrant Worker	<input type="checkbox"/>
None of the above	<input type="checkbox"/>
If not British or European Union National, date of most recent entry to the UK	<input type="text"/>

If you have a relevant criminal conviction, please tick the box.
(See Instructions for Completion of Application Form)

Have you previously been refused admission to study, or continuation of study, other than on academic grounds? Yes No

English Language Proficiency (please complete only if native language is not English)			
IELTS Score: test date:	<input type="text"/>	TOEFL Score: test date:	<input type="text"/>
Cambridge Certificate of English: test date:		<input type="text"/>	
Other (please give details of recent English Language Proficiency including formal qualifications)			
<input type="text"/>			

Section 7		Programme to which Application is being Made (BLOCK Letters Please)			
Type of Study					
Postgraduate Taught		Degree of PhD		Degree of MPhil	
Other Master's Degree by Research		Registered Postgraduate Study			
Proposed Programme and School of study					
Intended date of entry (Month/Year)					
Expected Duration of Programme in months					
Proposed Mode of Study	Full Time		Part Time		
Intended Source of Fees					
Is your funding already guaranteed?	Yes		No		
For Research Students Only (including MRes students) (BLOCK Letters Please)					
<i>(Please give an outline summary of your proposed area of research. A more detailed research proposal should be attached to a hard copy of this application form.)</i>					

Section 8		How did you hear about this Programme? (Please tick the appropriate box)			
1. University Prospectus		2. WWW		3. Higher Education Convention or Fair	
4. British Council		5. Your own School		6. University Visit to your Institution	
7. Aberdeen International Officer		8. Family/Friends		9. Open Day	
10. Newspaper/Journal (please specify)				12. Academic Department	
13. Your own teaching staff		99. Other (please specify)			

Section 9		Referee Details (BLOCK Letters Please)	
<p><i>Postgraduate applicants must provide two academic teachers or other suitable people who are familiar with your recent academic work and willing to provide references. It would speed up the applications process if references could be submitted with a hard copy of your Application Form. References should be signed across the seal of the envelope by the Referee. (Applicants who have graduated from the University within the past two years, or who are currently employed by this University, usually need not complete this section).</i></p>			
	First Referee	Second Referee	
Name			
Occupation/Relationship to Applicant			
Address Line 1			
Address Line 2			
Address Line 3			
Address Line 4			
Postcode			
Telephone (with country & area code)			
Fax (with country & area code)			
Email address (if applicable)			

Section 10**Personal Statement**

Please enter below a personal statement by yourself which could include details of your aptitude for study; details of any relevant practical experience, responsibilities, study abroad; outside interests; reasons for wishing to study at the University of Aberdeen; where appropriate, reasons for wishing to visit the UK etc.

Please continue on a separate sheet if necessary.

Declaration

I certify that the information given in this application is correct and complete. If I am admitted to the University I undertake to observe the University's Regulations and to ensure payment of tuition fees and other financial liabilities to the University. I agree that the University of Aberdeen may process personal data contained in this form, or other data which the University may obtain from me or other people whilst I am an applicant and student, for any purposes connected with my application or for any other legitimate reason.

Signature of Applicant:**Date:**

Thank you for completing this form.

**It should be returned to Postgraduate Registry, University of Aberdeen, King's College, Aberdeen,
AB24 3FX, Scotland, UK**

Telephone: +44 (0)1224 273506 Fax: +44 (0)1224 272041 Email: pgreg@abdn.ac.uk

ADDITIONAL STATISTICAL DATA QUESTIONNAIRE

The information on this page is required for statistical purposes only and will not be made available to staff considering the application for admission. Please tick the appropriate boxes.

Gender Male Female

Marital Status Married Single Divorced

Ethnicity (Please tick the appropriate box)			
White	British	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
	Scottish	<input type="checkbox"/>	Welsh <input type="checkbox"/> Other White Background <input type="checkbox"/>
Are you a first generation student?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>	African <input type="checkbox"/> Other Black Background <input type="checkbox"/>
	Asian or Asian British	Indian	Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/>
Chinese		<input type="checkbox"/>	Other Asian Background <input type="checkbox"/>
Mixed	White & Black Caribbean	<input type="checkbox"/>	White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/>
	Other Mixed Background	<input type="checkbox"/>	
	Other Ethnic Background	<input type="checkbox"/>	

Occupation			
Most recent occupation of yourself, or if entering at under age 21 (undergraduate) or 25 (postgraduate) the person with the highest earnings in your household			
<div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div>			
Category of the above occupation (Please tick the appropriate box)			
Higher Managerial & Professional	<input type="checkbox"/>	Lower Managerial & Professional	<input type="checkbox"/> Intermediate <input type="checkbox"/>
Small Employer/Own Account Worker	<input type="checkbox"/>	Lower Supervisory & Technical	<input type="checkbox"/> Semi-Routine <input type="checkbox"/>
Routine	<input type="checkbox"/>	Never Worked/Long-term Unemployed	<input type="checkbox"/> Not Classified (Including Students) <input type="checkbox"/>

Special Student Status (Please tick the appropriate box)			
Entered HE via Scottish Wider Access Programme	<input type="checkbox"/>	Entered HE via another Access Programme	<input type="checkbox"/>
Incoming SOCRATES-ERASMUS Student (Institutional Contract)	<input type="checkbox"/>	Incoming SOCRATES-ERASMUS Student (Free Mover)	<input type="checkbox"/>
Other Incoming Exchange or Visiting Student	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>