



**APPLICATION FOR ADMISSION
SESSION - 20 __ __ / __ __**

SURNAME		OTHER NAMES (IN FULL)	
TITLE			
PREVIOUS SURNAME		GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DATE OF BIRTH	
PERMANENT ADDRESS		CORRESPONDENCE ADDRESS	COUNTRY OF BIRTH
			NATIONALITY
POSTCODE		POSTCODE	How long have you been resident in the UK?
TEL NO.		TEL NO.	
FAX NO. (to include area code)		FAX NO. (to include area code)	
E-MAIL		E-MAIL	DATE OF ENTRY TO UK
Who is expected to pay your fees?			
If sponsored give name in full eg SAAS, LEA, Employer's name, etc			
DISABILITY / SPECIAL NEEDS / MEDICAL CONDITION <input type="checkbox"/> Please enter in box the code from the list on page 4 which is most appropriate			
Have you previously studied at The Robert Gordon University?			
PROPOSED COURSE OF STUDY			
(1st choice)			
(2nd choice)			
MODE OF ATTENDANCE (see prospectus or course information for mode of attendance availability)		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
		Distance Learning <input type="checkbox"/>	Virtual Campus <input type="checkbox"/>
EDUCATION from age 15 Schools - give name and brief address(es) in chronological order		Year entered	Year left
Further/Higher Education Institutions attended			
Name and address			
ADDITIONAL INFORMATION Please indicate source of course information. Tick appropriate box.			
University/College <input type="checkbox"/> Employer <input type="checkbox"/> Friends <input type="checkbox"/> Internet <input type="checkbox"/> Press <input type="checkbox"/> - Publication			
Other (please specify)			

NOTES FOR APPLICANT

1. Please complete in BLOCK CAPITALS
2. Forward fully completed application form with any supporting documentation (CV, certificates, details of courses taken) to:

Admissions
Student Administration Department
The Robert Gordon University
Schoolhill
Aberdeen
AB10 1FR
UK

International

Tel: (01224) 262105 +44 1224 262105
Fax: (01224) 262147 +44 1224 262147
e-mail: admissions@rgu.ac.uk

NB To assist with internal registration processes, most of the personal data supplied on the first two pages of this application form will be entered on the University's computer records. At all times the use of this data will be strictly in accordance with the principles laid down by the Data Protection Act 1998.

DISABILITY / SPECIAL NEEDS / MEDICAL CONDITION

We need to know if you have a disability, special need or medical condition which may disrupt your ability to follow your course or which may require additional support or special facilities.

Please enter in the box on page 1 the code from the list below that is most appropriate to you. **Applicants with no disabilities, special needs or medical conditions should use code 0.**

- 0 You do not have a disability or special need or are not aware of any additional support requirements in study or accommodation
- 1 You have dyslexia
- 2 You are blind/partially sighted
- 3 You are deaf/hard of hearing
- 4 You are a wheelchair user/have mobility difficulties
- 5 You need personal care or assistance
- 6 You have mental health difficulties
- 7 You have an unseen disability, eg diabetes, epilepsy, heart condition
- 8 You have two or more of the above disabilities/special needs
- 9 You have a disability, special need or medical condition not listed above

FOR UNIVERSITY USE ONLY

Course: _____ FT PT DL VC

Point of entry: _____

Decision:

REC _____

WDN _____

C _____

U _____

NOTES: