

Undergraduate Application Form PART-TIME 2009/2010	 UNIVERSITY OF WALES L A M P E T E R PRIFYSGOL CYMRU LLANBEDR PONT STEFFAN
Academic Registry, University Of Wales, Lampeter, Wales SA48 7ED. Tel: 01570 424831 Fax: 01570 424978 admissions@lamp.ac.uk	
PLEASE WRITE IN BLOCK CAPITALS	

PERSONAL DETAILS

Title (e.g. Mr/Miss/Ms/Mrs/Rev.)	Surname/ Family Name
First Names	
Home Address Postcode	Correspondence Address (if different) Postcode
Country of Birth	Contact Telephone Number
Country of Domicile	Mobile Telephone Number
	E-mail address

COURSE DETAILS

Course Level : <input type="checkbox"/> BA <input type="checkbox"/> DipHE <input type="checkbox"/> Foundation	Mode of study: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Occasional
Course Title:	
Occasional Studies only: Module Title:	
When do you wish to start your studies? <input type="checkbox"/> January <input type="checkbox"/> September Year	

<p>PARTNER INSTITUTION STUDENTS ONLY: please indicate the location that you would like to apply to:</p> <p>LOCATION: <input type="checkbox"/> Coleg Powys (Brecon) (<i>Joint Honours English, History, IT, Management</i>) <input type="checkbox"/> Coleg Morgannwg (Aberdare) (<i>Joint Honours English, History</i>)</p>

1. EDUCATION

a. Previous Secondary/Further Education/Higher Education

Name and Address of School/College/University	Periods of Enrolment/Study	
	From	To

b. Secondary/FE/HE Qualifications Completed

please provide copies of certificates or official notification of results

Examining Board (e.g. WJEC, OEB)	Subject	Level (e.g. A-level, GNVQ)	Result

c. Qualifications Pending

please list any examination results that you expect to receive before starting your course

Examining Board	Subject	Level	Results Due (date)

2. DETAILS OF PAID EMPLOYMENT (Names and addresses of recent employers)

Names and Addresses of Employers	Nature of work	From	To

3. CREDIT TRANSFER

Do you wish to request credit transfer (CATS)? Yes No

If yes, please provide details and enclose a transcript of your marks

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4. PERSONAL STATEMENT

Please use this space to tell us why you are applying and what you hope to do after your studies

5. STUDENT SUPPORT

Do you have a disability (including dyslexia)/enduring medical condition? Yes No

(Upon receipt of your application we will contact you for further information about the nature of your disability. This is to enable us to supply details of the available support relevant to your needs).

6. CRIMINAL CONVICTIONS - Do you have any criminal convictions?

If yes, you will be contacted on receipt of your form to disclose details of any such convictions

Yes No

7. FINANCING YOUR STUDIES - How do you intend to finance your studies?

Application to Local Education Authority

Self-financing

Other (please specify)

8. EO Equal Opportunities monitoring

<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p> <p>Ethnicity:</p>	<p>Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">D D / M M / Y Y Y Y</p>
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DECLARATION

I wish to apply for entry to the University of Wales, Lampeter and understand that admissions will be subject to university selection procedures.

I certify that to the best of my knowledge the information provided on this form is correct and that, if admitted, I shall abide by the rules and regulations of the University of Wales, Lampeter.

I understand that the information provided on this form will be processed in accordance with the Data Protection Act 1998.

Signature Date

Checklist

Have you completed all sections?

Have you enclosed a supporting reference?

Have you enclosed copies of any certificates/notification of marks necessary?

Have you enclosed a transcript of marks if applying for credit transfer?