

Postgraduate Taught Degrees

Application Form

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 424900 Fax: 01570 424978
pgadmissions@lamp.ac.uk

PLEASE WRITE IN BLOCK CAPITALS and use black ink

Please read the accompanying notes of guidance before completing this form

If you wish to receive further communications through the medium of Welsh please tick:

PERSONAL DETAILS

Title: _____ Surname: _____
Forename(s): _____ Date of birth: _____
Address: _____ Telephone number: _____
_____ Mobile Number: _____
_____ Fax: _____
_____ E-mail address _____ @ _____
Country: _____ Nationality: _____
Postcode: _____ Country of permanent residence: _____

International students only: please provide your passport number: _____

QUALIFICATION FOR WHICH YOU ARE APPLYING: (Please tick)

Postgraduate Licence (PGLic)	<input type="checkbox"/>	Postgraduate Certificate (PGCert)	<input type="checkbox"/>
Postgraduate Diploma (PGDip)	<input type="checkbox"/>	Master of Arts (MA)	<input type="checkbox"/>
Master of Theology (MTh)	<input type="checkbox"/>	Master of Science (MSc)	<input type="checkbox"/>
Master of Business Administration (MBA)	<input type="checkbox"/>	Master of Ministry (MMin)	<input type="checkbox"/>
Doctor of Ministry (DMin)	<input type="checkbox"/>		

Please enter the title of the degree course for which you are applying: _____

In which department do you wish to be registered? _____

MODE OF ATTENDANCE: (Please tick)

Do you intend to study: Full-time Part-time
Where do you intend to study?: Lampeter Distance

WHEN DO YOU INTEND TO START YOUR STUDIES? Please enter year

1 October 1 January 1 April

SUPPLEMENTARY INFORMATION

Please use this space to add an outline of your career to date:

Please use this space to outline your interest in your chosen scheme of study:

Have you discussed your proposed course with a member of staff from the department?

Answer **YES/NO** (Please circle)

If Yes please state name:

REFEREES

Give the names of two individuals (not close relatives) who are able to comment on your academic ability.

Title: Dr/Mr/Mrs/Ms/Prof/Rev/other _____ Name: _____

Job title: _____ Telephone: _____

Address: _____

Fax: _____

E-mail: _____ @ _____

Title: Dr/Mr/Mrs/Ms/Prof/Rev/other _____ Name: _____

Job title: _____ Telephone: _____

Address: _____

Fax: _____

E-mail: _____ @ _____

DECLARATION AND SIGNATURE

If admitted to the University of Wales, Lampeter I undertake to pay all fees when due.

I hereby certify that to the best of my knowledge all the information provided on this form is correct and complete, and that, if admitted, I shall abide by the Rules and Regulations of the University of Wales, Lampeter.

Signed: _____ Date: _____

* Please see guidance notes for further information

Before sending your application, please ensure that the following are enclosed:

- 1 Completed application form
- Referee reports (in sealed envelopes)
- Certified copies* or original degree certificates/transcripts
(a photocopy signed by a solicitor/lawyer as an authentic copy)
- How did you hear about Lampeter? form
- TOEFL/IELTS certificates (if applicable)

PLEASE ENSURE THAT ALL THE ABOVE DOCUMENTS ARE ENCLOSED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.