University of Bedfordshire

Application form

1 Personal details

Title Surname/family name (BLOCK CAPITALS)

First name(s)

Previous surname (if changed)

Correspondence address

Postcode

Daytime telephone no. Evening telephone no.

Fax no. Email address

Home address (if different)

Postcode

Daytime telephone no. Evening telephone no.

Fax no. Email address

Sex: M / F Date of birth

2 Details of the course(s) you wish to attend

Month and year in which you wish to start

Course title	UCAS code (if applicable)	Module (if applicable)	Mode of study Full-time/sandwich/ part-time/other (please specify)	Stage ie Year 1, Year 2

3 Academic qualifications

Summary of qualifications held on application. Please tick all which apply

Mature student – no formal qualifications Advanced GNVQ

Recognised Access Course First Degree

GCSE/GCE/CSE Postgraduate Certificate/Diploma

BTEC National Certificate/Diploma Masters

BTEC Higher National Certificate/Diploma Other – please specify

4 Fee status

Country of birth Nationality

Country of domicile or area of permanent residence

Applicants not born in the European Union please state:
Date of first entry to the EU Date of most recent entry to the EU

Date from which you have been granted permanent residence in the EU

Payment of fees
Who is expected to pay your fees? (Research Council, LEA, yourself, family member, employer, other):

If an LEA, which one?

Have you previously received an educational award from UK public funds? YES / NO

If so, please provide details: Funding body

Course title Dates

Have you previously studied at the University of Bedfordshire (or Luton/DMU Bedford)? YES / NO

If yes, please provide details: Course title

Date Student Ref. no

5 Work experience

Give details of work experience, training and employment.
Continue on a separate sheet if necessary

Job title	Name of organisation	Full-time or part-time	From Month	From Year	To Month	To Year

6 Last two educational establishments attended

Give names and addresses of the last two educational establishments attended

Establishment	Full-time or part-time	From Month	From Year	To Month	To Year

7 Examinations

Applicants should list all subjects taken, whatever the result, in chronological order. If you are awaiting the result of any examination recently taken write *pending* in the result column.

Level eg GCSE/Degree	Subject	Date Month/Year	Place of study	Result	CATS points (if applicable)

8 Physical or other disability or medical condition

Please include any which might necessitate special arrangements or facilities

9 Names and addresses of referees

Please give the names and addresses of two people who can comment on your suitability for this course

1	2
Telephone	Telephone
Fax	Fax

10 Further information

Please use this section to tell us about yourself and your reasons for wanting to study this course

11 Declaration

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

Applicant's signature Date

Please return the completed form to:

University of Bedfordshire

Park Square
Luton, Bedfordshire
LU1 3JU
England

Polhill Avenue Bedford,
Bedfordshire MK41
9EA
England

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www.beds.ac.uk