



Applications for University of Leicester Management Programmes

Please complete the application form fully. Particularly note

- Employment details
- The two sections on education background

To register your application, we will need :

- ⊙ Your completed application form – Please note when completing the Personal Details Section - the names you enter in the Surname/Family Name and First /Given Names Section will be used for all future correspondence with the University and be used on your final certificate.
 - Do not forget to sign and date your application.
- ⊙ Copies of all transcripts and certificates(English).
- ⊙ 4-passport size photographs
- ⊙ Copy of your CV
- ⊙ Two completed reference forms – Note that referees can not be family members. They need to be of academic or professional nature.
- ⊙ A letter from the organisation you work for stating that English is the language used for communication in the organisation. (If possible)

In order to get the acceptance process underway, you can **fax** us the complete application, or scan it and **email** it to us.

We will then require you to send the original application complete with your pictures to the address below by post.

Please return your completed application to:
Stafford Associates FZ LLC
P.O.Box 500358 Dubai UAE
Tel: +971 4 3901685 Fax: +971 4 3664574
Email: Info@Stafford.ae Internet: www.Stafford.ae

PERSONAL DETAILS

Surname/Family name:

First names:

Previous surname/Family name (if applicable)

Title Dr, Mr, Mrs, Ms, Miss, etc):

Date of birth:

Sex (male or female):

Present nationality

Country of birth:

Country of permanent residence:

ADDRESS

Permanent home address:

Address for correspondence (if different from home address):

Post code:

Post code:

Tel:

Tel:

Mobile:

Mobile:

Fax:

Fax:

Email:

Email:

METHOD OF STUDY

<input type="checkbox"/>	MA	<input type="checkbox"/>	MPhil
<input type="checkbox"/>	MSc	<input type="checkbox"/>	MEd(Research)
<input type="checkbox"/>	LLM	<input type="checkbox"/>	Occasional
<input type="checkbox"/>	MBA	<input type="checkbox"/>	Diploma
<input type="checkbox"/>	PhD	<input type="checkbox"/>	Certificate
<input type="checkbox"/>	Other.....		

COURSE TITLE

(or field of study,if applying for research)

DEPARTMENT

Commencing in(year)

APPLICANTS FOR RESEARCH

Proposed start date:

 October January April July

NB: Candidates accepted onto research degree programmes will normally be registered as Advanced Postgraduate student. Subject to Satisfactory progress and the approval of the Board of Graduate Studies, this registration will be transferred to a specific degree (MEd, Mphil or PhD) after one year.

METHOD OF STUDY

<input type="checkbox"/>	Full time
<input type="checkbox"/>	Part time
<input type="checkbox"/>	Distance Learning
<input type="checkbox"/>	Module

UNIVERSITY STAFF MEMBERS ONLY

Please indicate whether you are applying for a remission of part time fees (forms available from the Staff Development Unit)

 H O E

Planned Leaving Date.....

CONDITIONS A - Set B - satisfied

A	B	
<input type="checkbox"/>	<input type="checkbox"/>	Finance
<input type="checkbox"/>	<input type="checkbox"/>	Degree
<input type="checkbox"/>	<input type="checkbox"/>	English Language
<input type="checkbox"/>	<input type="checkbox"/>	References
<input type="checkbox"/>	<input type="checkbox"/>	Bench Fees
<input type="checkbox"/>	<input type="checkbox"/>	Other

FOR UNIVERSITY USE ONLY

Decision:

Faculty:

Department:

Course:

Start Date:

Supervisor(s):

Field of Study:

EDUCATION AND QUALIFICATIONS

Give details of academic and professional qualification already obtained and examinations still to be taken.

Name of Institution/ Address	Dates (month - year) of attendance	Qualification/award (include class & division or grade obtained in known)	Main Subjects
	from: to:		
	from: to: from: to:		
	from: to:		
	from: to:		
	from: to:		
	from: to:		
	from: to:		

NB: Photocopies of all diploma, certificates and transcripts awarded for these qualifications must be enclosed with this application

In addition to diplomas and certificates, international applicants are requested to provide copies of their entire course transcripts including explanations of the mark schemes used and, where possible, an indication of their class ranking / position in class

ENGLISH LANGUAGE COMPETENCE

Students educated outside the UK should enclose copies of their English Language qualifications.

a) Is English your first language? Yes

No

b) Is/was English the language of instruction of your first degree?

Yes

No

c) Please list any formal English Language qualifications with results obtained (ie IELTS, TOEFL, GCE, GCSE) and the dates you took the test, or will be taking the test.

English Qualification:

Result:

Date:

NB: Students educated outside the UK must provide, before they can be admitted to their chosen degree programme at the University, evidence that they have sufficient command of both spoken and written English. Acceptable evidence includes: GCSE/O-level English Language at grade C or above; an overall score of 6.5 in the British Council IELTS test; a score of 575-600 (depending on the department) in TOEFL, including a satisfactory mark in the Test of Written English (TWE).

EMPLOYMENT DETAILS / OTHER EXPERIENCE

Give details of any industrial, professional or research experience relevant to your application. In particular, applicants for post-experience programs (eg Education, the MBA, Social Work) should complete this section as fully as possible.

Continue on a separate sheet if necessary. Indicate here if you have done this

Employer	Title and duties of post	Dates	
		From	To

PUBLICATIONS

Please list any academic work you have had published or which is currently in the press, together with name of the publisher or journal which has accepted it. Enclose abstracts of these papers or articles with this application

OUTLINE OF RESEARCH INTERESTS / REASONS FOR APPLICATION FOR COURSE

Research applicants - give a brief description of your proposed research topics or interests, including the formal title of the proposed field of study. Applicants for taught courses - state your reasons for wishing to pursue the course for which you have applied.

Continue on a separate sheet if necessary. Indicate here if you have done this

FINANCIAL SUPPORT

Who will be paying your University fees and providing funding for living expenses?

Yourself
Or your family

You must satisfy the University that you have sufficient funds. Please enclose appropriate evidence of this (eg reference from your bank manager; copy of a recent bank statement) with your application.

Other

If you have already secured sponsorship, give details of the sponsor(s) and enclose copies of any awards letters. If no Award has been made, give details of the sponsors you are approaching.

NB: No student may be admitted to the University without providing satisfactory evidence of ability to meet the expenses of their proposed course of study

SPECIAL NEEDS OR SUPPORT

Please state any support required as a consequence of any disability or medical condition stated under 'monitoring information'

OTHER INFORMATION

Do you have any criminal convictions?

Yes

No

NB: You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and / or up to three penalty points were imposed. If you tick the 'yes' box, you may be required to provide details of any convictions.

Application to other institutions: Please give details of other institutions /programmes of study for which you are also applying at this time:

Finding out about Leicester: How did you first learn about your proposed programme of study at University of Leicester?

Where did you obtain this application form?

STAFFORD ASSOCIATES

REFEREES

Please forward the enclosed reference forms to your two referees, giving their names and address below. Candidates for any of the post-experience programmes (eg Education, the MBA, Social Work) and the MSc courses in the Geology Department, should ensure that they nominate a professional / industrial referee as well as an academic contract.

Name

Name

Address

Address

Tel

Fax

Tel

Fax

ALL APPLICANTS Should note that the University reserves the right to make without notice changes in regulations, courses, fees etc at any time before or after a candidate's admission. Admission to the University is subject to the requirement that the candidate will comply with the University's registration procedure and will duly observe the Charter, Status, Ordinances and Regulations From time to time in force

DECLARATION (to be signed by all applicants) I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted.

Signed

Date



SECTION 1 TO THE APPLICANT

This is one of two Graduate Reference Forms provided with your Application Form. Please complete this section before forwarding one form to each of your two referees, requesting that they complete Section 2 and return the form to the department to which you are applying.

Surname/Family name:

First names:

Title (Dr, Mr, Ms, etc):

PROGRAMME OF STUDY

- MA
- MSc
- LLM
- MBA
- PhD
- Other

- MPhil
- MEd (Research)
- Occasional
- Diploma
- Certificate

full time part time distance learning

Commencing in (year)

COURSE TITLE (or field of study, if applying for research)

DEPARTMENT

DATE REFERENCE FORM FORWARDED TO REFEREE:

APPLICANTS FOR RESEARCH:

Give a brief description of your proposed research topics or interests, including the formal title of the proposed field of study.

SECTION 2 TO THE REFEREE

The above-named is applying for admission to graduate studies at the University of Leicester, and has named you as a referee. We would be grateful to receive, in confidence, your opinion of the candidate's suitability for the proposed course of study. When commenting on his/her academic performance please give, if possible, the applicant's class ranking /position in class (including the total number of students in the class). If an exact position cannot be given, indicate the quartile in which you believe he/she has performed.

Please return this form to the department named by the applicant in Section 1. Thank you for providing a reference.

Surname/Family name:

First names:

Title (Dr, Mr, Ms, etc):

Position:

Relationship to Applicant:

Address:

Tel:

Fax:

Reference

APPLICANTS NAME:

Signature of Referee

Date



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Address:

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Reference

APPLICANTS NAME:

Signature of Referee

Date