



Postgraduate Taught Admissions, Academic Registry, Loughborough University, Leicestershire LE11 3TU, UK pgtaught@lboro.ac.uk www.lboro.ac.uk/prospectus/pg

Application for Admission to a Postgraduate Taught Programme

(Please complete in **BLACK INK** using **BLOCK CAPITALS**, providing as much information as possible, and return with 2 sealed references and evidence of qualifications and transcripts of your academic record).

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Title Mr, Mrs, Ms, Miss, Dr, Prof.	Forenames		Surname or Family Name
Date of Birth	Gender		Country of Birth
	Male		Country of Entire
	Female		
Nationality			Country of Permanent Residence
	DI		
Correspondence Address –	Please state the dates for w	hich you want post	t sent to this address
From D D	M M Y Y	to	D D M M Y Y
Tel. No.		Mobile No.	
Fax No.		E-mail	
Permanent Address (if diffe	erent) – Please state the date	es for which you wa	ant post sent to this address
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Tel. No.		Mobile No.	
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Name of Proposed Progran	nme of Study		
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Method of Study	Commencement Date	e	Completion Date
Full time			
Part time			
Distance Learning			

Academic/Professional Qualifications:

Give details of all undergraduate and postgraduate study and any other academic or professional qualifications relevant to your application, including any qualifications for which you are studying or awaiting results. State type of degree or qualification, the subject studied, the obtained or predicted class or GPA, the University or institution by which it was awarded, the dates of study and the date of award. It is essential that you provide as much information as possible as this will be used to assess your suitability for your chosen programme.

Degree or	Subject	Class or	University or Institution	Dates	of Study	Date Awarded
Qualification		Cumulative GPA		start	finish	1
Note: Copie	s of certificates awar	rded for the above qu	ialifications and full transcripts	must be a	attached to	o this application.
English Lan	guage Qualifications	:				
CCSE Englis	oh Languaga Crada					
Date Taken	sh Language Grade:		Cambridge Cert. of	Proficienc	ev Grade:	
Date Taken	•		Date Taken:		,	
TOEFL Scor	e:		Date Taken.			
Date Taken	:		Other English Lang	uage Qual	ification:	
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Internation	al Baccalaureate (IB)):				
Date Taken	:		If you have not yet qualification please			Language
IELTS Score	.		Test Date:	illulcate	LITE	
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Criminal Co	nvictions: a relevant criminal c	onviction, enter X ir	n the box.			
	www.lboro.ac.uk/reg		onvictions for clarification of v	what a rele	evant crim	ninal conviction

Financial Support: What will be your financial support? Will your sto	udi	es by funde	ed by:	
(a) Yourself / Family? (b) Yo	ur	Employer?	(c) Any Other Sponsor?	
If (b) or (c) please give name and address of per	rsoı	n or body re	esponsible for payment of your fees:	
Have you applied for this support? YES/NO		Have yo	ou obtained this support? YES/NO	
	o u	indertake t	who have enclosed sealed references in support of you he proposed study. If you have not enclosed references sity as we do not contact your referees.	
1.		2.		
Fax No.		Fax N	No.	
E-mail		E-ma		
Publicity: Please indicate below the two most important s Loughborough University.	our	ces of info	rmation used in making your decision to apply to	
(a) University Prospectus (printed)		(f)	University WEB Pages	
(b) Department Brochure (printed)		(g)	Other WEB Material (please state)	
(c) Other Printed Material (please state)		(h)	Local Agent (please state)	
(d) Friends and Relatives			Teachers/Lecturers at School/College/University	
(e) Loughborough University Staff		(j)	Higher Education Fair	
Other applications: Please indicate any other universities and course	es	to which yo	ou have applied.	
Declaration: I confirm that the above information I have enclosed: sealed references documentary evidences	e		transcripts evidence of	
	his in t	form for the erms of the l	English language purposes of processing your application for postgraduate Data Protection Act 1998. Students registering with the .	
We may also contact you with other relevan	nt i	nformation	about Loughborough University including details of o not wish the University to contact you with you this	
Please tick this box if you do not wish the family member, sponsor, etc.	Uni	versity to o	liscuss your application with a third party, such as a	
Signed			Date	
Please return to: Postgraduate Taught Admissions.	. Ac	cademic Res	gistry, Loughborough University, Leicestershire LE11 3TU, L	IK

EQUAL OPPORTUNITIES POLICY

The University has an Equal Opportunities policy. We are committed to ensuring that all applicants are treated equally regardless of their gender, race, colour, ethnic origin or disability.

To help us monitor the implementation of this policy we would be grateful if you would complete the following questions. Your answers will be detached from your application form on receipt, and used solely to evaluate the effective operation of the Equal Opportunities Policy. Your answers will therefore not affect your application in any way. Please note that if we do not receive this form we shall record 'information refused' against ethnic origin and 'no known disabilities'.

Please show which group best describes your ethnic origin or descent by ticking ONLY ONE of the boxes below:

White (10)	
White - British (11)	
White – Irish (12)	
White Scottish (13)	
Irish Traveller (14)	
Other White Background (19)	
Black or Black British - Caribbean (21)	
Black or Black British – African (22)	
Other Black Background (29)	
Asian or Asian British – Indian (31)	
Asian or Asian British – Pakistani (32)	
Asian or Asian British – Bangladeshi (33)	
Chinese (34)	
Other Asian Background (39)	
Mixed – White and Black Caribbean (41)	
Mixed – White and Black African (42)	
Mixed – White and Asian (43)	
Other Mixed Background (49)	
Other Ethnic Background (80)	
Not Known (90)	
Information Refused (98)	
,	Please continue on the other side of the page

C	Blind / are partially sighted (02) Deaf / have a hearing impairment (03) Wheelchair user / have mobility difficulties (04) Personal care support (05) Mental health difficulties (06) Unseen disability e.g. diabetes, epilepsy, asthma (07) Multiple disabilities (08)
V F N L N A	Wheelchair user / have mobility difficulties (04) Personal care support (05) Mental health difficulties (06) Unseen disability e.g. diabetes, epilepsy, asthma (07)
F N L	Personal care support (05) Mental health difficulties (06) Unseen disability e.g. diabetes, epilepsy, asthma (07)
	Mental health difficulties (06) Jnseen disability e.g. diabetes, epilepsy, asthma (07)
L	Unseen disability e.g. diabetes, epilepsy, asthma (07)
N	
A	Multiple disabilities (08)
N	A disability not listed above (09)
	No known disabilities (00)

Date of Entry				
Unconditional offer			nglish Language	
			Obtain 2:1	
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		(or Equivalent	Please State)	
	Docume	-	of Qualifications	
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Other Conditions				
Reject Code R				
	pplications not satisfying sta			
	pe completed by ADT) Signature		Date	
Approve / Do not approve (Delete as appropriate)				
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