**Application for Admission to the**

**Loughborough – China Partnership Programme**

*To be completed by the* ***Academic Registry*** *– Please leave this section blank*

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Number:** |  | **Student Number:** |  |

*To be completed by the* ***Applicant*** *– Please type or complete in* ***BLACK INK*** *using* ***BLOCK CAPITALS***

**SECTION 1: PROGRAMME DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Loughborough Department:** | Materials | **Academic Year:** | 21 |

**SECTION 2: PERSONAL DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Forename(s):** |  | **Surname:** |  |
| **Date of Birth:** |  | **Gender:** |  | **Nationality:** |  |
| **Country of Birth:** |  | **Domicile Country:** |  |

**SECTION 3: CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Permanent Address: 必填且需要详细到门牌号地址** |  | **Correspondence Address** *(if different)***:** |
|  |  |  |
| **Email:** |  |  | **Email:** |  |
| **Phone No:** |  |  | **Phone No:** |  |

**SECTION 4: AGENT DETAILS**

|  |  |
| --- | --- |
| **Agent Name and Address:**  |  |
| **Agent Email:** |  | **Agent Phone No:** |  |

**SECTION 5: SUPPORTING INFORMATION**

|  |  |
| --- | --- |
|

|  |
| --- |
| *Do you have a physical, sensory or mental health disability, long term health condition, autistic spectrum condition or dyslexia?* |

 |[ ]
| *If yes, we encourage you to share further information here with us so we can plan to support you:*  |  |

|  |
| --- |
| ***Financial Support*** *– What will be your financial support?* |
| a) Supported by yourself / your parents: |[ ]  b) Supported by your employer / sponsor:  |[ ]
| *If (b), please give the name and address of the person or body responsible for the payment of your fees:*  |  |

**SECTION 6: QUALIFICATION DETAILS**

*Please give details of your Undergraduate studies to date:*

|  |  |  |  |
| --- | --- | --- | --- |
| **University:** |  | **Department:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year:** | **Grade or %:** | **Subject:** | **Date:** |
| 1st year |  |  |  |
| 2nd year |  |  |  |
| 3rd year |  |  |  |

|  |  |
| --- | --- |
| *Please give details of any awards, scholarships etc.* |  |

*English Language Qualifications*

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification Name (e.g. IELTS):** |  | **Date of Test:** |  |
| **Registration Number:** |  |
| **Overall Score:** |  | **Listening:** |  | **Reading:** |  | **Writing:** |  | **Speaking:** |  |

**SECTION 7: REFERENCE**

*Please give details of one person who can verify your academic qualifications and has knowledge of your ability to undertake the proposed study:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Position:** |  |
| **Address:**  |  |
| **Email:** |  |

**SECTION 8: PERSONAL STATEMENT**

*Give a brief statement of your current interests, the reasons you are interested in studying the proposed programme, why you now wish to continue your education at Loughborough University and your future career aspirations.*

|  |
| --- |
|  |

**SECTION 9: EVIDENCE**

*Please ensure that you have provided evidence of the following:*

|  |  |
| --- | --- |
| *Transcript of Current Study:* |[ ]  *Evidence of English Language Qualification:* |[ ]
| *Photocopy of Passport Photo Page* |[ ]   |  |

**SECTION 10: APPLICANT DECLARATION**

*I confirm that the information I have provided on this application is correct to the best of my knowledge. If completing electronically, please type full name and date:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**NEXT STEPS**

Once complete, send your application to:

*Dr Xujin Bao, Senior Lecturer, Director of LCMP Programme,* *X.Bao@lboro.ac.uk*

When we have received your application, it will be assessed and you will be notified of the outcome by email. Successful applicants will receive an Offer Letter via email which will outline conditions of offer and information regarding tuition fees.

*To be completed by the* ***Loughborough University School / Department***

**SECTION 11: UNIVERSITY DECISION**

|  |  |  |
| --- | --- | --- |
| **Unconditional Offer:** |[ ]  **Conditional Offer:**  |[ ]  **Reject Decision:** |[ ]

|  |  |
| --- | --- |
| **Conditions:** |  |

**SECTION 12: FINANCIAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bursary Percentage:** |  | **Bursary Amount:** | £ |

**SECTION 13: DEPARTMENTAL AUTHORISATION**

*Please admit this student as a China Partnership Programme Student of the University. I confirm that the programme and tuition fee details are correct. If completing electronically, please type full name and date:*

|  |  |
| --- | --- |
| **Course Tutor Name:** |  |
| **Course Tutor Signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Head of Department Name:** |  |
| **Head of Department Signature:** |  | **Date:** |  |

*When this form is complete and signed, it should be sent by email to* *direct@lboro.ac.uk*

*No arrangements for student registration or accommodation can be made without receipt of this form*