

UNDERGRADUATE APPLICATION FORM

FOR PART-TIME STUDY



Before completing this form please read the current prospectus, particularly the sections on How to Apply (<http://www.buckingham.ac.uk/law/partt/>)

Buckingham, MK18 1EG, United Kingdom. Tel: +44 (0)1280 814080
Fax: +44 (0)1280 822245. Email: admissions@buckingham.ac.uk

PLEASE WRITE IN BLOCK CAPITALS AND USE BLACK INK.

1.0 COURSE SELECTION

Name of course:	
Start date:	

2.0 PERSONAL DETAILS

Family Name:		Title (eg. Mr/Mrs/Miss/Ms):	
Given Names:		Marital Status:	
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender (M/F):	Nationality:
UK National Insurance Number:			
Country of Birth:		Country of Ordinary Residence:	
Permanent Home Address:	Address for Correspondence: (if this is temporary please specify dates)		Name and Address of Parent/Guardian/Next of Kin: (state which)
	From:	To:	Occupation:
Tel No: (inc dialling code)	Tel No: (inc dialling code)		Tel No: (inc dialling code)
Email Address:		Confidential Fax No:	

3.0 EDUCATION

Please list in date order all places where you received full or part-time education from the age of 11 years. If you are still studying, include your present place of study.

From:	To:	Institution: Name and Address

3.1 EXAMINATIONS TAKEN (INCLUDING PROFESSIONAL)

Please list all subjects taken whether passed, failed or pending. Authenticated photocopies of certificates, notification of results or transcripts will be asked for at interview.

Examining Body Title of Examinations	Exam Date	Subject	Level	Result / Grade / Mark

4.0 EMPLOYMENT / PROFESSIONAL EXPERIENCE

Please account for all years since full-time education.

Dates of Employment:	Employer:	Position:

5.0 FINANCE

Please state your intended source(s) of financing your studies at Buckingham:

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6.0 GENERAL

<p data-bbox="108 1848 751 1966">Do you have any applications to other institutions of higher education currently under consideration? Your answer will not prejudice your application. Please specify:</p> <p data-bbox="108 2011 782 2087">.....</p>	<p data-bbox="810 1848 1465 1877">How did you hear about the University of Buckingham?</p> <p data-bbox="810 1951 1490 2087">.....</p>
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7.0 DISABILITIES

The University of Buckingham can provide support for students with disabilities. Please help us to help you by completing the information below (tick boxes). Alternatively, confidential information can be given in a sealed envelope marked "Confidential – Student Support Adviser".

<input type="checkbox"/> Blind/Partially Sighted		<input type="checkbox"/> Deaf/Partial Hearing	
<input type="checkbox"/> Dyslexic		<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Multiple Disabilities		<input type="checkbox"/> Wheelchair/Mobility	
<input type="checkbox"/> Personal Care Required		<input type="checkbox"/> Unseen Disability	

7.1 MEDICAL

<p>Give further details of any physical or other disabilities which might affect your studies or necessitate special arrangements or facilities:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Confidential information can be given in a sealed envelope marked "Confidential – Student Support Adviser"</p>	<p>Please give the name and address of your usual doctor from whom any necessary medical details can be obtained by the University Medical Officer, and sign below to signify your consent:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature:</p>
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8.0 REFEREES

Please supply the names and addresses of your employer and a personal referee (someone how has known you for the past 5 years).

<p>Name:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Tel No:</p> <p>Fax No:</p> <p>Email:</p>	<p>Name:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Tel No:</p> <p>Fax No:</p> <p>Email:</p>
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PLEASE WRITE YOUR NAME AND YOUR PROPOSED COURSE ON THE REFERENCE FORMS ENCLOSED AND SEND THEM TO YOUR NAMED REFEREES.

9.0 INTERVIEW

Please indicate your preferred interview days and times. Every effort will be made to accommodate your preferences.

.....

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10.0 OTHER INFORMATION

Give a brief statement of your reasons for wishing to undertake this programme and any other information in support of your application.

Declaration:

I certify that the information given in this application is true, complete and accurate and no information requested or other material information has been omitted. I accept that if I do not fully comply with these requirements the University of Buckingham shall have the right to cancel my application and I shall have no claim against them. I understand that this application and all supporting documents become the confidential property of the University of Buckingham Admissions Office and will not be returned, copied or released (with the exception of examination certificates).

Signature:

Date:

Personal data collected on this form will only be used for the purpose of student and course administration as required by the University and may be disclosed as appropriate to bodies/organisations associated with such courses.

Please return the complete form to:

**School of Law Admissions Office
University of Buckingham
Buckingham, MK18 1EG**

REFERENCE



THE UNIVERSITY OF
BUCKINGHAM

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To be completed by the applicant

Title (e.g. Mr/Mrs/Miss/Ms):	Given Names:	Family Name:
Address:		
Proposed Course:		

To be completed by the Academic Referee

The applicant who has asked you to act as a referee is applying to enter the University of Buckingham for a degree course. We would be grateful to have your assessment of his / her ability to follow a course of study at University level, including an assessment of the candidate's motivation and any special factors you feel we should take into account.

Title:	Given Name:	Family Name:
Address:		
Tel No:	Email Address:	
Length of time you have known the applicant:		
In what capacity:		

REFERENCE

Please write your assessment here and return the completed form to the address shown at the beginning of this section.

Signature:

Date:

REFERENCE



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