

APPLICATION FORM



THE UNIVERSITY OF
BUCKINGHAM

Before completing this form please read the current prospectus, particularly the section on *how to apply* (<http://www.buckingham.ac.uk/study/apply/>) together with our latest fees information (<http://www.buckingham.ac.uk/study/fees/>)

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

| | | | |
|--|--|---|---------------------------------------|
| Level of study | <input type="checkbox"/> Access/Foundation | <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Postgraduate |
| Programme | 1 st Choice: | | |
| | 2 nd Choice: | | |
| Foundation: English as a Foreign Language (EFL) | <input type="checkbox"/> One Term (April / September) | <input type="checkbox"/> Two Terms (January / July) | |
| | <input type="checkbox"/> One Term IELTS Preparation (July) | | |
| Preferred Entry Date | Month: | Year: | |
| Please tick here if you have applied to Buckingham before <input type="checkbox"/> | | If so, state year: | |

2.0 PERSONAL DETAILS

| | | | |
|---|--|--------------------------------|---|
| Family Name: | | Title (eg Mr/Mrs/Miss/Ms): | |
| Given Names: | | Marital Status: | |
| Date of Birth: D D M M Y Y Y Y | | Gender (M/F): | Nationality: |
| 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 ALL EXAMINATIONS TAKEN AND PENDING

(Educational and Professional – please continue on a separate sheet if necessary)

Please list all subjects taken whether passed or failed. ***AUTHENTICATED/CERTIFIED PHOTOCOPIES OF CERTIFICATES, AND TRANSCRIPTS OR NOTIFICATION OF RESULTS MUST BE SENT WITH THIS FORM.***

| Awarding Body: | Exam Date: | Subject: | Level/Qualification: | Result/Grade/Mark/%: |
|----------------|------------|----------|----------------------|----------------------|
| | | | | |

4.0 EMPLOYMENT

Please state your current occupation:.....

Please list **all** jobs since leaving full-time education.

(If none, please state your parent's/guardian's occupation)

| Dates of Employment: | Employer: | Position: |
|----------------------|-----------|-----------|
| | | |

If you are presently employed please state employer's name and nature of your work:

.....

.....

(Note: your employer will not be contacted without your permission)

5.0 FINANCE

Please state how you intend to finance your studies at Buckingham:

.....

.....

6.0 GENERAL

| | |
|---|--|
| <p>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>.....</p> <p>.....</p> | <p>How did you hear about the University of Buckingham?</p> <p>.....</p> <p>.....</p> <p>.....</p> |
| <p>Are you applying through an Agent? If so please give the name and address details of the Agent.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <p>Did you use our website to find out information about the University before applying?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes – did you find all of the information that you needed?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no then please tell us what you would like to have found</p> |

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>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> |
|---|---|

7.2 CRIMINAL INFORMATION

In accordance with the Rehabilitation of Offenders Act 1974 if you have any unspent criminal convictions, you must declare them.

Have you any unspent criminal convictions? Yes No

If yes, please provide details with your supporting documents indicating the date of conviction, the offence and the sentence.

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).

- I wish to apply for Undergraduate study only
- I wish to apply for Foundation followed by Undergraduate study
- I wish to apply for Foundation Course only
- I wish to apply for Postgraduate Taught study
- I wish to apply for a Postgraduate Research Degree

Signature:

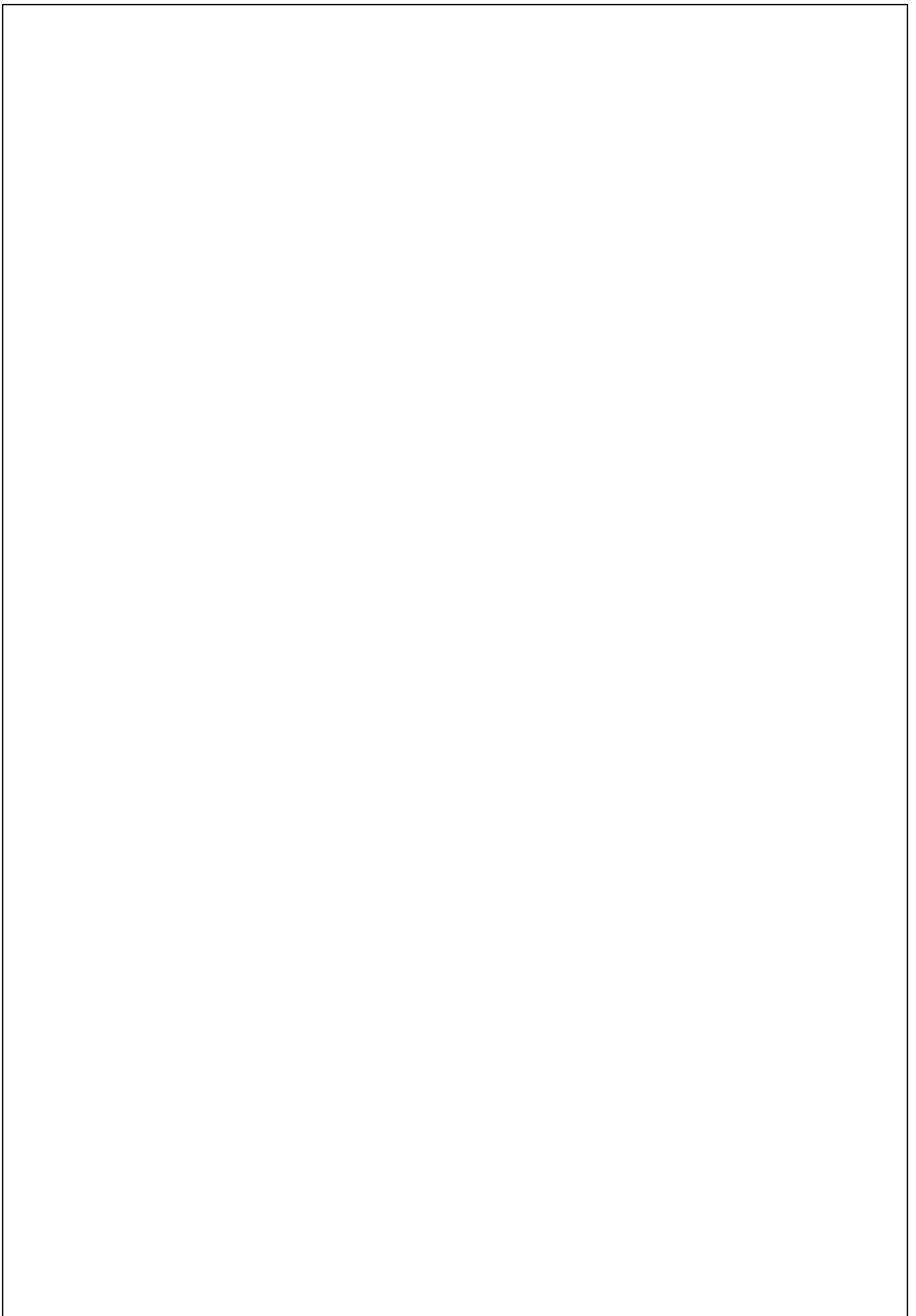
Date:

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 now complete the Reference section of this form.
References can be returned with your application form,
or sent separately by your referee.**

**One reference to be completed for access/foundation/undergraduate
and two for postgraduate study.**

**All applicants whose first language is not English, please
complete Section Two.**



REFERENCE



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BUCKINGHAM

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PLEASE WRITE IN BLOCK CAPITALS AND USE BLACK INK

To be completed by the applicant

| | | |
|----------------------------|--------------|--------------|
| Title (eg 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.

School or College Stamp:

Signature:

Date:

REFERENCE



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SECTION TWO



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KNOWLEDGE OF LANGUAGES

To be completed by all applicants whose first language **is not** English.

| | | |
|--|-----------|-------------------|
| Mother Tongue: | | |
| Knowledge of foreign languages, other than English (if any)? | Language: | Level of Ability: |
| | | |
| | | |

The information completed by you in this part of the application form will help us to assess whether additional English preparation is needed prior to your undertaking a course of study at degree level and if necessary to place you at an appropriate level for your English Language Studies.

ENGLISH LANGUAGE EDUCATION

Examinations

Please indicate below if you have taken any of the following:

| Exam Title: | Exam Date: | Where Taken: | Result: |
|---|------------|--------------|---------|
| IELTS | | | |
| TOEFL: <input type="checkbox"/> Paper based <input type="checkbox"/> Computer based <input type="checkbox"/> TWE | | | |
| Cambridge (KET/PET/FCE/CAE/CPE etc) (please specify): | | | |
| Other (please specify): | | | |

English Language Classes (including classes at school)

| | | |
|---|----|-------|
| Total years of study in English within your own country: | | years |
| Years of study in English at university/higher education: | | years |
| Years of study in English abroad: | | years |
| Country and name of institution(s) with dates where you studied in English: | 1) | |
| | 2) | |

Writing Sample (to be completed by all applicants)

Please write at least 200 words on the following topic (please continue on a separate sheet if necessary):

**“Why I want to study my chosen programme
and why I want to study at Buckingham”**

