**DSc Application Form**

*Once complete, please print and sign this application form and send to the Chair of the Senior Doctoral Committee together with the required supporting material and fee (see Guidance Notes).*

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| --- |
| Title |
| Surname |
| Forenames |
| Date of Birth *[DD-MM-YYYY]* |
| CID if appropriate |
| Home Address |
| Telephone Number |
| Email address |
| Degrees obtained to include institutions and dates |
| Current appointment including place of work |
| Synoptic title for the DSc entry |

I hereby confirm that the statements made by me on this form are correct and that the supporting material has not previously been submitted to any other institution for a Higher Doctorate.

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE: |  | DATE: |  |