

SHORT COURSES APPLICATION FORM

Please complete **ALL** sections in black or blue pen using CAPITAL LETTERS

1: PERSONAL DETAILS AND CONTACT INFORMATION		
SURNAME / FAMILY NAME:		FORMER NAME (WHERE APPLICABLE)
FIRST NAMES/ GIVEN NAMES:		TITLE (MR / MRS / MS ETC)
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (DD/MM/YYYY):	
COUNTRY OF BIRTH:	NATIONALITY:	
		CORRESPONDENCE ADDRESS (IF DIFFERENT): FROM (DD/MM/YY): To ((DD/MM/YY):
PERMANENT ADDRESS:		
POST / ZIP CODE:	POST / ZIP CODE:	
TELEPHONE:	TELEPHONE:	
MOBILE:	MOBILE:	
E-MAIL:	E-MAIL:	
2: PROPOSED STUDY AT ABERYSTWYTH		
MODULE CODE:	MODULE TITLE:	START DATE:
3: PERSONAL STATEMENT		
Please attach a separate sheet giving details of any information, including relevant employment or professional experience, which may be important to your application. Please state whether your employment was full or part-time and give dates.		
4: FUNDING AND FINANCE		
Please state below how you intend to finance your studies.		
<input type="checkbox"/> SELF-FINANCING	<input type="checkbox"/> PRIVATE SPONSOR / <input type="checkbox"/> OTHER (PLEASE STATE)	NAME:
5: YOUR QUALIFICATIONS		

QUALIFICATIONS HELD: PLEASE INCLUDE TWO PHOTOCOPIES OF YOUR DEGREE QUALIFICATION/ OR HIGHEST QUALIFICATIONS.				
INSTITUTIONS:	DEGREE / QUALIFICATION TITLE:	SUBJECT(S):	FINAL GRADE / MARK:	DATE OF AWARD:
QUALIFICATIONS TO BE OBTAINED:				
INSTITUTION:	DEGREE / QUALIFICATION TITLE:	SUBJECT(S):	FINAL GRADE / MARK:	EXPECTED DATE OF AWARD:

6: REFERENCE

Give the details of your referee below and ensure the reference is submitted with your application. Applications will **not** be processed until the reference has been received.

NAME:		TELEPHONE NUMBER:	
		FAX NUMBER:	
		EMAIL:	
ADDRESS:			
			POST/ZIP CODE:

7: ENGLISH LANGUAGE PROFICIENCY (INTERNATIONAL STUDENTS ONLY)

Is English your native / First language? Yes No

If English is not your first or native language it is essential that you provide evidence of your competence in written and spoken English. A complete list of requirements can be found at www.aber.ac.uk/en/international-english/elr

8: DISABILITY / MEDICAL CONDITIONS / ADDITIONAL REQUIREMENTS

Do you have a disability / special need? Yes No

If YES, Please give further details: _____

10: HOW DID YOU FIND OUT ABOUT THIS OPPORTUNITY OF STUDY?

Aberystwyth University Website CILIP Website Other (Please give details)

11: DECLARATION

In the event of, and in consideration of, the University accepting me as a student, and me starting the course, I hereby undertake to pay, as and when due, all University fees.

In consent to the University's use of my personal data, some of it sensitive data, in order that it might fulfil its administrative obligations and in order that my application might be processed.

I hereby certify that all the above information is correct and complete, and I desire to apply for admission as a student of the University and declare that, if admitted I shall conform to all the Rules and Regulations of Aberystwyth University. I understand that the submission of any misleading information during the admissions process could lead to the immediate cancellation of my application and the withdrawal of any offer made. All personal data provided by you will be treated strictly in accordance with the General Data Protection Regulation (GDPR) 2018.

Signature of Applicant: Date:

This form should be completed and returned as soon as possible in duplicate to: Postgraduate Admissions Office, Cledwyn Building, Aberystwyth University, Penglais Campus, Aberystwyth, Ceredigion SY23 3DD, United Kingdom

Distance Learning: Tel: +44 (0) 1970 622270 Email: pg-admissions@aber.ac.uk Fax: +44 (0) 1970 622921