

**APPLICATION FOR UNDERGRADUATE ADMISSION TO:
 BSc Information & Library Studies by Distance Learning**

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

1: PERSONAL DETAILS AND CONTACT INFORMATION											
SURNAME / FAMILY NAME:											
FIRST NAME / GIVEN NAME(S):								PREFERRED FIRST NAME:			
FORMER NAME (WHERE APPLICABLE):											
TITLE (MR / MRS / MS ETC)						DATE OF BIRTH (DD/MM/YYYY)					
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CORRESPONDENCE ADDRESS (IF DIFFERENT):									
PERMANENT ADDRESS:		TO (DD/MM/YY):						FROM (DD/MM/YY):			
POST / ZIP CODE:						POST / ZIP CODE:					
COUNTRY:						COUNTRY:					
TELEPHONE:						TELEPHONE:					
MOBILE:						MOBILE:					
E-MAIL (MAIN):											
E-MAIL:											

2: NATIONALITY AND PERMANENT RESIDENCE											
COUNTRY OF BIRTH:						Is your permanent home in the UK?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
NATIONALITY:						DUAL NATIONALITY (IF APPLICABLE):					
VISA STATUS (NOT APPLICABLE TO EEA AND SWISS NATIONALS)											
DATE OF FIRST ENTRY TO UK:						Do you have Indefinite Leave to Remain in UK?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>(if Yes, please provide evidence)</i>	
AREA OF PERMANENT RESIDENCE:						RESIDENTIAL CATEGORY:					
Do you require a Visa to Study in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Do you have/or have you had a visa to study in the UK? If so, please provide a copy of that/those visas <input type="checkbox"/> Yes <input type="checkbox"/> No											
TYPE OF VISA/ENTRY CLEARANCE:						VISA EXPIRY DATE:					
Have you been refused a UK visa previously? If so, please provide a copy of the official refusal letter <input type="checkbox"/> Yes <input type="checkbox"/> No											
PASSPORT NUMBER:											
PASSPORT EXPIRY DATE:						PASSPORT PLACE OF ISSUE:					

3: FUNDING AND FINANCE

Please state below how you intend to finance your studies. You will be required to give evidence of your course of support before you register. If you are a UK/EU student and wish to be considered for a Research Council award please make this clear below and contact the department concerned. Please refer to the **Guidance Notes** for more information and deadlines for funding

INTENDED SOURCE / SOURCES OF FINANCE

<input type="checkbox"/> SCHOLARSHIP/STUDENTSHIP	NAME:		NUMBER OF YEARS:	
	AWARDING BODY:			
<input type="checkbox"/> SELF-FINANCING				
<input type="checkbox"/> EDUCATIONAL LOAN	NAME:			
<input type="checkbox"/> PRIVATE SPONSOR	NAME:			

4: YOUR QUALIFICATIONS AND CURRENT STUDIES

CURRENT STUDIES:

INSTITUTE NAME:		DEPARTMENT:	
COUNTRY:		LANGUAGE:	
DATES FROM > TO:		ATTENDANCE:	
AWARD LEVEL:		AWARD TITLE:	
TITLE OF MAJOR WORK:		AWARD SUBJECT:	
PREDICTED RESULT:		EXPECTED DATE OF AWARD:	

HIGHER EDUCATION QUALIFICATIONS:

INSTITUTE NAME:		DEPARTMENT:	
COUNTRY:		LANGUAGE:	
DATES FROM > TO:		ATTENDANCE:	
AWARD LEVEL:		AWARD TITLE:	
TITLE OF MAJOR WORK:		AWARD SUBJECT:	
RESULT:		DATE OF AWARD:	

INSTITUTE NAME:		DEPARTMENT:	
COUNTRY:		LANGUAGE:	
DATES FROM > TO:		ATTENDANCE:	
AWARD LEVEL:		AWARD TITLE:	
TITLE OF MAJOR WORK:		AWARD SUBJECT:	
RESULT:		DATE OF AWARD:	

5: PRESENT EMPLOYMENT AND WORK EXPERIENCE

CURRENT EMPLOYMENT:

NAME:		ADDRESS	
TELEPHONE:			
TYPE OF WORK:			
START DATE:			
CURRENT EMPLOYMENT STATUS:		LOCATION:	
VOLUNTARY:		COUNTRY:	
JOB DESCRIPTION:			

WORK EXPERIENCE DETAILS:			
NAME:		ADDRESS	
TELEPHONE:			
TYPE OF WORK:			
START DATE:			
END DATE:		LOCATION:	
VOLUNTARY:		COUNTRY:	
JOB DESCRIPTION:			

NAME:		ADDRESS	
TELEPHONE:			
TYPE OF WORK:			
START DATE:			
END DATE:		LOCATION:	
VOLUNTARY:		COUNTRY:	
JOB DESCRIPTION:			

Please continue on a separate sheet or enclose a CV with your application should you have any further work experience relevant to your application.

6: 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 dated. Suggested length is 300 words.

7: REFERENCES

Give the details of your referees below. Note that you must arrange for the references to be sent to us. We do not contact referees on your behalf.

NAME:		NAME:	
ADDRESS:		ADDRESS:	
COUNTRY:		COUNTRY:	
POST/ZIP CODE:		POST/ZIP CODE:	
TELEPHONE NUMBER:		TELEPHONE NUMBER:	
E-MAIL:		E-MAIL:	

8: 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 <http://www.aber.ac.uk/en/postgrad/howtoapply/before-you-apply/english-language/>

English Proficiency Test (If you have answered 'No' to the above, or do not live in a recognised majority English speaking country (please see above link for further details), you will need to take one of the Home Office's approved secure English language tests (SELTs) as evidence of your English language ability. The approved SELTs are listed in <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-o-approved-english-language-tests> and also please see the above link to our English Language Requirements page

TEST TITLE:		TEST DATE:	
OVERALL RESULT:		TEST REPORT No. / REGISTRATION No. :	
SCORES IN INDIVIDUAL COMPONENTS (WHERE APPLICABLE, PLEASE SEE ABOVE LINK TO ENGLISH LANGUAGE REQUIREMENTS PAGE FOR FURTHER DETAILS)			
LISTENING:		WRITING:	
		READING:	
		SPEAKING:	

9: WELSH LANGUAGE PROFICIENCY

Do you understand Welsh?

Yes

No

If YES, would you like us to correspond with you in Welsh?

Yes

No

10: DISABILITY / MEDICAL CONDITIONS / ADDITIONAL REQUIREMENTS

Do you have a disability / special need?

Yes

No

If YES, please refer to the list of conditions in the **Guidance Notes** and enter the code here:

Please give further details:

11: HOW DID YOU FIND OUT ABOUT THIS OPPORTUNITY FOR POSTGRADUATE STUDY?

EDUCATION FAIR

NAME:

ADVERTISEMENT

PUBLICATION NAME:

AGENT

NAME:

WEBSITE

NAME:

SEARCH ENGINE

NAME:

FRIEND / FAMILY / COLLEAGUE

HAS THIS PERSON ATTENDED ABERYSTWYTH UNIVERSITY?

Yes

No

UNIVERSITY LECTURER / STAFF

FROM ABERYSTWYTH UNIVERSITY

FROM ANOTHER UNIVERSITY

12: DECLARATION

I 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. [See www.aber.ac.uk/en/infocompliance/dp/declaration/ for further details.]

In the event that I register as a student of Aberystwyth University, I hereby undertake to pay, as and when due, all University fees.

I hereby certify that all of the above information is correct and complete, and I wish to apply for admission as a student of the University. I also 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 admission process could lead to the immediate cancellation of my application and the withdrawal of any offer made.

Signature of Applicant: Date:

All personal data provided by you will be treated strictly in accordance with the General Data Protection Regulation 2016/679 (GDPR)

This form should be completed and returned as soon as possible in duplicate to:

**Postgraduate Admissions Office, Academic Registry, Cledwyn Building, Aberystwyth University
Penglais Campus, Aberystwyth, Ceredigion SY23 3DD, United Kingdom**

Tel: +44 (0) 1970 622270

Email: pg-admissions@aber.ac.uk

Fax: +44 (0) 1970 622921