

POSTGRADUATE APPLICATION FORM

Please refer to accompanying **Guidance Notes**.

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

ADMISSIONS USE ONLY

Prev ID

| | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Return form to:

Aberystwyth University
(Mauritius Branch Campus),
Royal Road B6, Quartier Militaire, Mauritius

Email: Mauritius.campus@aber.ac.uk

Tel: (230) 435 5005 Fax: (230) 435 7419

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 | | | | | |
| DATE OF FIRST ENTRY TO MAURITIUS: | | | | Are you a resident in Mauritius? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| AREA OF PERMANENT RESIDENCE: | | | | | |
| Do you require a visa in order to study in the Mauritius? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| PASSPORT NUMBER: | | | | | |
| PASSPORT EXPIRY DATE: | | | | Do you currently hold a visa to study in the Mauritius? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TYPE OF VISA/ENTRY CLEARANCE: | | | | VISA EXPIRY DATE: | |
| | | | | | |

AGENT DETAILS (IF APPLYING THROUGH AN AGENT)

| | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| AGENT COMPANY NAME: | | | | | | | |
| ADVISOR'S NAME: | | | | | | | |
| AGENT E-MAIL: | | | | | | | |
| | | | | | | | |

3: PROPOSED STUDY AT ABERYSTWYTH (SEE GUIDANCE NOTES)

| | | | |
|---|--|---|--|
| COURSE TITLE: | | QUALIFICATION (I.E. MSc / PhD ETC.): | |
| DEPARTMENT: | | PROPOSED START DATE (DD/MM/YY): | |
| MODE OF STUDY (please tick as appropriate): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | | |
| | | | |

4: 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. 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: | | | |

5: YOUR QUALIFICATIONS (SEE GUIDANCE NOTES)**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: | |

| | | | |
|----------------------|--|----------------|--|
| 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: | |

9: ENGLISH LANGUAGE PROFICIENCY (NON-UK STUDENTS ONLY)Is English your native / First language? Yes No

If the answer above is 'No', candidates need to demonstrate that their English Language proficiency is sufficient to pursue the scheme for which they have applied. For example, this can be English Language GCSE (or equivalent) at grade C or above or recognised English Language qualification such as IELTS at level 6 or above.

| | | | |
|---|--|--------------------------------------|--|
| 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: | |

10: WELSH LANGUAGE PROFICIENCY (UK STUDENTS ONLY)Do you understand Welsh? Yes NoIf YES, would you like us to correspond with you in Welsh? Yes No**11: DISABILITY / MEDICAL CONDITIONS / ADDITIONAL REQUIREMENTS**Do you have a disability / special need? Yes NoIf YES, please refer to the list of conditions in the **Guidance Notes** and enter the code here:

Please give further details:

12: CRIMINAL CONVICTIONS (See Guidance Notes and also www.unlock.org.uk)If you have any relevant criminal convictions that are not spent please tick the box, otherwise leave it blank. If you tick the box you will **not** automatically be excluded from the application process, however the University would have to undertake a risk assessment.**13: HOW DID YOU FIND OUT ABOUT THIS OPPORTUNITY FOR POSTGRADUATE STUDY?**

| | | |
|--|--|--|
| <input type="checkbox"/> EDUCATION FAIR | NAME: | |
| <input type="checkbox"/> ADVERTISEMENT | PUBLICATION | NAME: |
| <input type="checkbox"/> AGENT | NAME: | |
| <input type="checkbox"/> SOCIAL MEDIA/ON-LINE ADVERTISEMENT | NAME: | |
| <input type="checkbox"/> WEBSITE | NAME: | |
| <input type="checkbox"/> SEARCH ENGINE | NAME: | |
| <input type="checkbox"/> FRIEND / <input type="checkbox"/> FAMILY / <input type="checkbox"/> COLLEAGUE | HAS THIS PERSON ATTENDED ABERYSTYWYTH UNIVERSITY? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> UNIVERSITY LECTURER / STAFF | <input type="checkbox"/> FROM ABERYSTYWYTH UNIVERSITY | <input type="checkbox"/> FROM ANOTHER UNIVERSITY |

14: 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 Data Protection Act 1998.

This form should be completed and returned as soon as possible in duplicate to:
Aberystwyth University (Mauritius Branch Campus), Royal Road B6, Quartier Militaire, Mauritius

Email: mauritius.campus@aber.ac.uk

Tel: (230) 435 5005

Fax: (230) 435 7419