

London Metropolitan University

Direct Application Form International Foundation Pathway

(for Postgraduate, Professional, Undergraduate Part-Time and Distance Learning Courses starting in September and for all courses starting in February)



Application No. (Office use only)

Please complete this application form in BLOCK CAPITALS and in black ink

This form is available on other formats. Please contact Admissions Office (see page 4) for details.

1. Personal Details

Title: Mr / Ms / Miss / Mrs circle as appropriate

Surname/Family Name: _____

Previous surname: (if applicable) _____

First Name(s): _____

Home Address: _____

Postcode: _____

Telephone Number: (including STD Code): _____

Day: _____ Mobile: _____

Email: _____

Correspondence Address (if different): _____

Postcode: _____

Sex: Male Female

Date of Birth: Day: _____ Month: _____ Year: _____

2. Fee Status - To be completed in full by ALL Applicants

(i) Nationality (as on Passport): _____

(ii) Country of Birth: _____

(iii) Country of usual permanent residence: _____

(iv) Have you ever lived outside (or were born outside) the European Union?
Yes No

(v) Applicants not born in the EU answer the following:

(a) Last date of entry to the EU excluding holidays?
Date: _____

(b) Have you applied for Refugee or Asylum status in the UK?
Yes No

(c) Have you been granted indefinite leave to remain in the UK?
Yes No
Date Permanent Residence granted: _____

(d) Is your stay in the UK for

(i) Education purposes, (i.e. a student visa) Yes No

(ii) Work (i.e. Work visa or Work permit) Yes No

3. Payment of Fees

Who is expected to pay your fees? (tick as appropriate)

Your Employer

Yourself/Relative

Other Sponsor Please specify: _____

Local Education Authority: _____

Do you have a Disability/Special Needs?

Yes No

If YES please tick appropriate box in Section 11

4. Full Title of Course to which you are applying

Course Title: International Foundation Programme - Pathway:

Undergraduate City campus

Postgraduate North campus

Full-time Part-time Distance Learning

Year of Entry: (if applicable) Please state the month and year when you expect to start the Course.

Year 1 Year 2 Year 3

Month: _____ Year: _____

Do not complete – OFFICE USE ONLY – Do not complete

Interview/Test required: Yes No

Interview: Date: _____ Time: _____ Location: _____

Interviewer: _____

Decision by Admission Tutor

Course Offered: _____ Entry to year

Unconditional Offer: Yes Basis of offer _____

Conditional Offer: Yes Basis of offer _____

The conditions of the offer are:

1. _____

2. _____

3. _____

Reject? Yes

Reason(s) for rejection: _____

Signature: _____ Date: _____

8. Personal Statement – Continue on a separate sheet if required

You are advised to complete this section with particular care and as fully as possible. Continue on a separate sheet if required.

You should include:

- (i) Your reasons for choosing the award/course.
- (ii) The knowledge, skills and positions of responsibility you have obtained through your work and/or education (whether paid, voluntary or domestic) which might be relevant to the award/course.
- (iii) The work experiences and/or personal developments which have been most important to you.
- (iv) The challenges facing you in your studies, work or personal career development.
- (v) Your future career plans.

8a. Passport Details

If you are a Non-European National please enter your Passport number below and include a copy of your Passport photo page with your application.

Passport number _____

9. Criminal Convictions

Do you have any criminal convictions? YES NO

If yes, please attach details about your offence and conviction, including dates and court convicted at.

For Teaching/Health & Social Work programmes any criminal conviction including spent sentences and cautions must be declared. For further guidance contact the Admissions Office.

10. Name and Address of Referee(s)

1. Indicate below the two referees to whom you have sent the enclosed reference forms:
2. Please try to supply:
 - (i) One academic reference from your most recent place of study eg. School, College or University
 - (ii) A reference from your present/recent employer.
3. We will NOT normally request references from your referees. It is **your responsibility** to ensure that all references are forwarded to the Admissions Office, London Metropolitan University. This includes references from London Metropolitan University tutors.

REFEREE 1

Name:
Post Held:
Telephone No:
Email:

REFEREE 2

Name:
Post Held:
Telephone No:
Email:

11. Disability/Special Needs – Please tick the appropriate box:

The University encourages you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs.

- | | | | | | |
|--|--------------------------|---------------------------------------|--------------------------|---|--------------------------|
| A. No Disability | <input type="checkbox"/> | E. Long standing illness/condition | <input type="checkbox"/> | I. Disability not listed | <input type="checkbox"/> |
| B. Social/communication impairment/Aspergers | <input type="checkbox"/> | F. Mental health condition | <input type="checkbox"/> | J. Two/more impairments or disabling conditions | <input type="checkbox"/> |
| C. Blind/serious visual impairment | <input type="checkbox"/> | G. Learning difficulty | <input type="checkbox"/> | | |
| D. Deaf/serious hearing impairment | <input type="checkbox"/> | H. Physical impairment/mobility issue | <input type="checkbox"/> | | |

If disabled, please provide brief details:

12. Ethnicity Monitoring

The University is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection from A-E to indicate your ethnic group and tick the appropriate box to indicate your cultural background.

- A. **White:** British Irish Any other White background (specify)
- B. **Mixed:** White and Black Caribbean White and Black African White and Asian
Any other Mixed background (specify)
- C. **Asian or Asian British:** Indian Pakistani Bangladeshi Any other Asian background (specify)
- D. **Black or Black British:** Caribbean African Any other Black background (specify)
- E. **Chinese or other ethnic group:** Chinese Any other (specify)

13. Previous Study at London Metropolitan University or Predecessors

Have you previously studied at London Metropolitan University? Yes No

If YES please state your old Student ID Number (if known)

14. Data Protection Act (1998)

The Data Protection Act (1998) does not permit us to give information about an application to any person other than to the person who made the application.

15. Declaration

If you have completed this form for yourself, please sign and date the declaration below: I declare that the information given is true in all respects

Signature of Applicant:

Date:

If you have completed this form on behalf of an applicant, **who has a disability that prevents them from completing the form personally**, sign your name and clearly state your relationship to the applicant. I declare that the information given is true in all respects.

Signed on behalf of :

Date:

Print name:

Relationship:

CHECKLIST

- Have you:
1. Completed the application form in full?
 2. Attached copies of transcripts/certificates of your qualifications? Failure to do so may delay a decision on your application?
(Do NOT send original certificates).
 3. Sent Reference Request Forms for completion to two referees?

We aim to make a decision within 2-3 weeks of receipt of your application form, though processing times may vary slightly depending on the time of year. We will contact you in writing to notify you of the decision. If you have not received a response within 3 weeks and wish to check on the progress of your application, please contact the Admissions Office as below.

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

Admissions Office
London Metropolitan University
166-220 Holloway Road
London N7 8DB
United Kingdom

Undergraduate Applications:

Telephone: 020 7133 4200 (+44 20 7133 4200)

Fax: 020 7133 2678 (+44 20 7133 2678)

Postgraduate and Professional Applications:

Telephone: 020 7133 4202 (+44 20 7133 4202)

Fax: 020 7133 2677 (+44 20 7133 2677)

www.londonmet.ac.uk/admissions