

# London Metropolitan University

## Direct Application Form (Liaison Office, India)



Application No. (Office use only)

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

### 1. Personal Details

Title: Mr/Ms/Miss/Mrs etc: \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_

Previous surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: (including STD Code): \_\_\_\_\_

Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Correspondence Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Sex: Male  Female

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

### 2. Fee Status

(i) Country of Birth: \_\_\_\_\_

(ii) Nationality (as on Passport): \_\_\_\_\_

(iii) Country of usual permanent residence: \_\_\_\_\_

(iv) Have you ever lived outside (or were born outside) the EU?  
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 education purposes,  
i.e. a student visa?  
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. Course to which you are applying

Course Title: \_\_\_\_\_ City campus

North campus

Full-time

#### Year of Entry: (if applicable)

Please state the month and year when you expect to start the Course.

Year 1  Year 2  Year 3  Year 4

Month: \_\_\_\_\_ Year: \_\_\_\_\_

#### Decision by Admissions Tutor

This Section is for OFFICE USE ONLY – Do not complete

Date Received: \_\_\_\_\_ Dept: \_\_\_\_\_

Course Code: \_\_\_\_\_ Year: \_\_\_\_\_

Course Offered: \_\_\_\_\_

Interview/Test: \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ With: \_\_\_\_\_

Unconditional Offer: Yes

Basis of offer: \_\_\_\_\_

Conditional Offer: Yes

The conditions of the offer are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Reject: – Applicant not suitable for course Yes

Reason: \_\_\_\_\_

If REJECT can you suggest a more suitable course?

Course: \_\_\_\_\_  Conditional  Unconditional

Academic Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**5. Educational Qualifications** – Please state the most recent first and attach copies of certificates or transcripts where possible. If the original is not in English please provide a certified translation. Do not enclose original certificates

University, School College Name and Address	Degree, Diploma, Certificate, other	Subject(s)	Pass Overall or Fail Overall	GRADES/ DIVISION/ CLASS	DATE STARTED AND DATE AWARDED
Exams to be taken or results awaited					

Continue on separate sheet if necessary

**6. English Language Qualification**

English Language results year 10: \_\_\_\_\_

English Language results year 12: \_\_\_\_\_

IELTS results: \_\_\_\_\_

TOEFL results: \_\_\_\_\_

Other English Language results: \_\_\_\_\_

**7. Employment**

Employer's Name and Address	From Month & Year	To Month & Year	Position Held	Full-time or Part-time	Brief Outline of Duties
1.					
2.					

## 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.

## 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 Unit.

## 10. Name and Address of Referee(s)

Please supply:

- (i) An academic reference from your most recent place of study eg. School, College or University
- (ii) A reference from your present/recent employer (if applicable but mandatory for the MBA)

### REFEREE 1

Name: \_\_\_\_\_

Post Held: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

### REFEREE 2

Name: \_\_\_\_\_

Post Held: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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.

- |                            |                          |  |                          |                                 |                          |
|----------------------------|--------------------------|--|--------------------------|---------------------------------|--------------------------|
| 0. No Disability           | <input type="checkbox"/> | 3. Deaf/Hearing Impairment               | <input type="checkbox"/> | 6. Mental Health Difficulties   | <input type="checkbox"/> |
| 1. Dyslexia                | <input type="checkbox"/> | 4. Wheelchair User/Mobility Difficulties | <input type="checkbox"/> | 7. Unseen Disability            | <input type="checkbox"/> |
| 2. Blind/Partially Sighted | <input type="checkbox"/> | 5. Personal Care Support                 | <input type="checkbox"/> | 8. Disability not listed above. | <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. Distance Learning Applicants ONLY

Please state the country/city where you intend to study: City \_\_\_\_\_ Country \_\_\_\_\_

## 14. Previous Study at London Metropolitan University

Have you previously studied at London Metropolitan University? Yes  No

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

## 15. How did you hear about the course at London Metropolitan University?

We would be grateful if you could indicate below how you heard about the course you have applied for. This will enable us to plan further publicity more effectively.

## 16. Declaration

I confirm that the information given on this form is correct and complete, and that I have completed all sections myself.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## CHECKLIST

- Have you:
1. Completed the application form in full.
  2. Attached copies of transcripts/certificates of your qualifications (where possible).  
**(Do NOT send original certificates).**

### PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

London Metropolitan University  
LIAISON OFFICE, INDIA  
Room No. 212, Chintels Business Centre,  
Chintels House, A-11, Kailash Colony  
New Delhi – 110048, India  
Telephone: +91 (0) 11-41733161/62  
Facsimile: +91 (0) 11-41733166  
Email: india@londonmet.ac.uk

London Metropolitan University  
LIAISON OFFICE, INDIA  
Office No. 207, Apeejay Business Centre  
39/12, Haddows Road, Nungambakkam  
Chennai – 600006, India  
Telephone: +91 (0) 44-42043053  
+91 (0) 44-28224949 (Ext: 207)  
Facsimile: +91 (0) 44-28235518  
Email: chennai@londonmet.ac.uk