

Nigeria Office

Direct Application Form

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



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: _____ Age: _____

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 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 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:

1. _____
2. _____
3. _____

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 most recent first and attach copies of certificates or transcripts where possible. For international students these should be in both original language and English. Do not enclose original certificates

University, School College Name and Address	Degree, Diploma, Certificate, A-level, VCE/GNVQ	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

If English is NOT your first language this section must be completed. Please specify which English language qualification you have or intend to take, and give the relevant grade/score for all components. For Nigeria the SSCE (WAEC/NECO) C4-6 or above is the minimum acceptable.

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.					
3.					
4.					

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)

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 Nigeria Office, London Metropolitan University.

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.

- | | | | | | |
|----------------------------|--------------------------|--|--------------------------|---------------------------------|--------------------------|
| 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).
 3. Sent Reference Request Forms for completion to two referees.

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

London Metropolitan University-Nigeria Office

Landmark Virtual Offices Limited

4th Floor Africa Re. Building

Plot 1679 Karimu Kotun Street

Victoria Island, Lagos, Nigeria

Telephone: 01 4613751

Facsimile: 01 4613750