LIVERPOOL HOPE UNIVERSITY

UNDERGRADUATE PROGRAMMES

Please read the GUIDANCE NOTES before completing the form. Please complete this form in TYPESET or BLOCK LETTERS



Section 1: Proposed Course

Course Title (eg BA Business Management)						
Year of Entry	FULL TIME	Proposed date of entry (month and year)				
Section 2: Persona	I Details (Note: Please	write your name as in y	our passport)			
Title (Mr/Mrs/Miss/Dr/Other)	Last Name (family or surname)	First or Given Name	Middle or other names			
Date of birth dd/mm/yy	Nationality	Previous Last Name (if applicable)	Gender (male or female)			
Home Address		Correspondence Address	(if different) or Agent Stamp			
		Country				
Country		Postcode/Zipcode				
Postcode/Zipcode		If Overseas Representative Application: Please State Branch Office (eg Chennai)				
Telephone Number		Mobile Number				
E-mail Address – please print clearly						
Facebook/Twitter ID (see checklist)						
Passport Number (Non-EU international applicants only) Please state start and end date		Area of Permanent Residence (e.g country where you normally live)				
Residential Category: UK Citizen/EU National Settled in UK Child of a Turkish Worker UK Humanitarian Protection or similar						
Do you need a visa to stud ☐ Yes ☐ No	dy in UK?					
Do you already hold a visa ☐ Yes ☐ No	for the UK? Note: please sta	ate start and end date and at	ttach a copy of your visa			
Disability: Do you have a disability? If yes, please contact the Support Service for Students with Disabilities on 0151 291 3065 or disability@hope.ac.uk						
Criminal Convictions: Do you have any criminal convictions? ☐ Yes ☐ No						

International Admissions Administrator, Liverpool Hope University, Hope Park, Liverpool, UK L16 9JD Email: interntional@hope.ac.uk Tel: +44 (0) 151 291 3389

Section 3: Qualifications / Pending Qualifications

Please list all academic qualifications in chronological order. Evidence of qualifications must be submitted within this application form. If you are pending qualifications please send your results as soon as they are available.

Qualification	Grade	Subject	Awarding Institution / Place of Study	Start date (month/year)	End Date (month/year)
eg AS level	Eg A B C	English Literature / History / English Language /	Eg London Board, Colombo School	Sep2008	June2010
		- Ingress - Ingregor			
Section 4: English Language Qualification If your first language is not English, provide details of your English Proficiency. Please state your score/grade and the date of the exam. Evidence of English Language qualifications should be submitted within this application form. All English Language qualifications will be verified with the relevant awarding body. If you are waiting to take an exam, state the date of the exam.					
			,	y you alo nala	ng to
	, state the date		Result/Score	Exam Date	
take an exam	, state the date	of the exam.	-		
Awarding E	, state the date	of the exam. Subject	-		
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Section 6: Statement of Purpose / Personal Statement

Please indicate your reasons for selecting the course for which you are applying. You should include

your interest and experience in this subject area, your reasons for choosing the particular course and Liverpool Hope, your future aim or career plan and how the course of study connects to your future plan.

Section 7: Funding

Please indicate how you will fund your tuition fees and living costs.

Personal /Family resources	Studentship/Scholarship	Sponsorship	Other

Section 8: Checklist and Declaration				
Where applicable I enclose the following documents with this application (please tick as appropriate)				
☐ Statement of Purpose (or completed section 6)				
☐ Evidence of Academic Qualifications				
☐ Secondary / GCSE / O Level or equivalent – transcripts and certificates				
☐ Higher Secondary / A Level or equivalent – transcripts and certificates				
☐ English Language proficiency certificate (GCSE / O level / IELTS / TOEFL or equivalent)				
☐ Copy of Passport (Non-EU international applicants only)				
☐ Copy of Visa (Non-EU international applicants only if you already hold a visa for UK)				
☐ Academic Reference/Letter of Recommendation 1				
☐ Academic Reference/Letter of Recommendation 2				
☐ Other Supporting Relevant Documents (please specify)				
☐ Our usual communication method is telephone and email but we may also contact you through				
social networking sites. Please tick this box if you prefer not to be contacted by this method.				
DECLARATION The details in this form are, to the best of my knowledge, correct. If I am accepted on to the Scheme I hereby agree to comply with the rules and regulations of the institution where the modules will be studied, and that I will comply with the Statutes, Ordinances, Regulations and By-Laws of Liverpool Hope University for the time being in force, including Health, Safety and Disciplinary Regulations.				
Signed Date				