

Postgraduate Application Form for International Students (Taught and Research)



This form may be printed or photocopied

Please complete all sections. If a section is not applicable, write N/A.

Please return the completed form and relevant documents to the:

International Admissions
University of Lincoln
Brayford Pool
Lincoln
LN6 7TS
United Kingdom

Telephone +44 (0)1522 886677
Email intadmissions@lincoln.ac.uk
Internet www.lincoln.ac.uk

Personal Details

Title (Mr, Mrs, Ms, Miss etc)	
Full Name	First/Given Names Surname/Family Name
Preferred First Name/Given Name	
Previous Surname/Family Name (if changed)	
Gender Please select as appropriate	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD/MM/YYYY)	
Permanent/Home Address	Address Post Code (if UK) Country
Correspondence Address (If different, eg: agent / representative's address)	Address Post Code (if UK) Country

Permanent Email Address

Agent Email Address

Telephone Number
(Please remember your country code)

Mobile Telephone Number
(Please remember your country code)

Agent Telephone Number

Course you wish to apply for

Course Title

Start Month and Year

Language Qualifications

Language Qualifications
e.g. IELTS, PTE, GCSE

Results, Grades, Marks

Date Obtained

Academic Qualifications

Please give details of all your academic qualifications. Continue on a separate sheet if necessary.

Qualification

Subject

Date Obtained
(Month and Year)

Institution and
Place of Study

Grade achieved

Career History

Please give details of work experience, training and employment. Continue on a separate sheet if necessary.

Job Title	Employer	Full Time Part Time	Brief Description of Responsibilities	From Month Year	To Month Year

Supplementary Information

Country of Birth																										
Nationality																										
Country of Permanent Residence (if different from your country of birth)																										
Have you resided in the country of permanent residence as stated above for the past three years or more? Please select as appropriate If "Yes", for what purpose? Please select as appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Family <input type="checkbox"/> Place of Birth <input type="checkbox"/> Other (please state) _____																									
Do you require a student visa to study in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
If "Yes", have you previously studied in the UK? If "Yes", please give details: Please attach a copy of your visa(s) to your completed application form <i>Please continue on a separate sheet if necessary.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1"> <thead> <tr> <th colspan="2">Dates on visa</th> <th rowspan="2">Course studied</th> <th rowspan="2">Institution</th> <th rowspan="2">Did you successfully complete this course (Y/N)</th> </tr> <tr> <th>Valid from</th> <th>Valid until</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Dates on visa		Course studied	Institution	Did you successfully complete this course (Y/N)	Valid from	Valid until															
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Valid from	Valid until																									
Have you ever had a visa refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
If "Yes" please enter the date of refusal and the reason your application was refused. Please also attach a copy of your visa refusal document to your completed application form.																										

Please indicate any physical or other disability or medical condition including any which may necessitate special arrangements or facilities

Please select as appropriate

Please tick which of the following apply:

0. You do not have a disability nor are you aware of any additional support requirements in study or accommodation
-
1. You have dyslexia
2. You are blind/ are partially sighted
3. You are deaf/ have a hearing impairment
4. You are a wheelchair user/ have mobility difficulties
5. You need personal care support
6. You have mental health difficulties
7. You have an unseen disability, e.g. diabetes, epilepsy, asthma.
8. You have two or more of the above disabilities
9. You have a disability not listed above

Have you ever been convicted of a relevant* criminal offence

Please select as appropriate

Please tick ONE of the following:

Yes

No

* Relevant criminal convictions are only those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving drugs, firearms, arson and terrorism. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant. However, certain courses, for example health or social work related, do not come under the Rehabilitation of Offenders Act and should therefore be declared.

Please state how your tuition fees will be funded

Please select as appropriate

- Self Funded
- Sponsor
- Other (please state) _____

Personal Statement

Personal Statement

Please summarise your academic interests and reasons for choosing your proposed course of study in the UK. We recommend that that you write between 200 and 400 words.

If you are applying for a research degree, please attach your research proposal to this application.

Referees

References should be submitted with your application.

Note: At least one of your referees should be able to comment on your most recent academic performance

Name of First Referee	
Address	Address Post Code (If UK) Country
Email	
Telephone Number	
Name of Second Referee	
Address	Address Post Code (If UK) Country
Email	
Telephone Number	

Additional Information Required

Please check you have included the following items and return your completed application to the address noted on the front of this form:

- Copy of highest qualification certificate;
- Copy of highest qualification transcript;
- Copy of English Language qualification(s) certificate(s) if English is not first language;
- Copy of research proposal (if applying for a research degree)
- If you will require a visa to enter the UK, please include a copy of your passport and a copy of any previous UK visa(s) or visa refusal documents;

Should you require further details on the items to include, please contact the International Admissions Team for additional guidance via telephone +44(0)1522 886677 or email intadmissions@lincoln.ac.uk

Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I also understand that in accepting any offer of a place I might receive I agree to abide by the rules and regulations of the University of Lincoln. I also understand the Admissions Terms and Conditions: (<https://www.lincoln.ac.uk/home/media/universityoflincoln/globalmedia/documents/Student,Admissions,Terms.and.Condition.s.pdf>), including that the University does not undertake any absolute obligation to provide educational services in the manner specified in the prospectus or in any other document. I will provide original certificates on or before enrolment to confirm my existing academic qualifications.

Signature

Date