

Our website has up-to-date information for postgraduate students on courses and research areas, contacts, etc as well as general material about the City of Bradford and student life here. If convenient, please visit [www.bradford.ac.uk](http://www.bradford.ac.uk) before you complete this form.



### APPLICATION FOR ADMISSION TO A POSTGRADUATE COURSE OF STUDY

<b>1. Postgraduate Certificate/Postgraduate Diploma/Master's Course</b> <small>(delete as appropriate)</small>		<b>3. Full-time</b> <b>Part-time</b> <input type="checkbox"/> <input type="checkbox"/>	
<b>2. Title of Course:</b> <small>(eg MSc in Computing)</small>			
<b>4. Year in which you intend to register on this course:</b>			
<b>5. Surname/Family Name:</b> <small>(block letters)</small>		<b>6. Other Names:</b> <small>(block letters)</small>	
<b>7. Title:</b> <b>Miss/Mr/Mrs/Ms</b> <small>(delete as appropriate)</small>		<b>8. Previous Surname:</b> <small>(if applicable)</small>	
<b>9. Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>10. Date of Birth:</b>		<b>11. Nationality:</b>
<b>12. Address for Correspondence:</b> <small>(block letters)</small>          <b>Telephone No:</b> <b>E-mail Address:</b> <b>Fax No:</b>			
<b>13. Home or Permanent Address if different from above:</b> <small>(block letters)</small>          <b>Telephone No:</b> <b>E-mail Address:</b> <b>Fax No:</b>			
<b>14. Do you have any physical or other disability which might necessitate special arrangements or facilities?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<p>If YES, it would be helpful if you could forward to the Course Admissions Tutor further details of your disability. Tutors are requested to consult with the University's Disability Office, who may contact you, if appropriate.</p>			

**15. Qualifications relevant to this application *already obtained*:  
Please provide a copy of relevant certificates and transcripts**

Type of Degree or Diploma	Duration of Course	Hons or Ordinary (if appropriate)	Class and Subject(s) Division/GPA score	Date of Award	Institution

**16. Please give details of degree or other qualifications which you expect to obtain prior to attendance on this course at Bradford:**

Type of Degree or Diploma	Duration of Course	Hons or Ordinary (if appropriate)	Degree or Qualification/ Expected result	Expected date of result	Institution

**17. Please give details of any other relevant course attended but not listed above:**

Type of course	Result	Subject(s)	Dates attended	Institution

**18. Membership of Professional Bodies:**

Name of Institution	Grade of Membership	Date of Membership in present Grade

**19. Is English your first language?**

Yes  No

**If not, what qualifications or other evidence of attainment in English Language do you have?  
Please provide copies of any English language test results.**

**20. Financial Support:**

**Private/Industrial/Government/Research Council/Others** (please specify)

