

APPLICATION FOR NON-GRADUATING STUDENT STATUS

Please complete all sections of this form using black ballpoint or black type in BLOCK CAPITALS

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PROPOSE	D STUDY						
Department							
Start Date	End Date						
PERSONAL	DETAILS						
Surname/Family Name				Male/I	- emal	le*	
First name(s)/Given name(s)		Day		Mont	h	Year	
Title Mr/Mrs/Miss/Ms/Dr*	Date of Birth					19	
Permanent Home Address		r correspondence address (or agent's if icable)(Letters from the University will be sent to this address)					
Country	Country						
Postcode/Zipcode	Postcode/Zipcode						
Telephone Number (with Country and Area Code)	Telephone Number (with Country and Area C	Code)					
Email	Mobile		Fax	•			
Nationality	Country of Birth						
Country of residence?	How long have you				•		
• If non-UK/EU National and are resident in the UK/EU, YES/NO* Yes No	do you have indefinit	e leave	to re	emain	in the	UK/E	U?
If you are a current student/graduate of the University	of Dundee, please pr	ovide y	our s	studen	t ID N	lumbe	er

COLLEGE / UNIVERSITY QUALIFICATIONS Please include a copy of your Degree Certificate and your University transcript only (translated into English if applying from Overseas) Please provide information on the following starting with the most recent College / University attended From То Full title of degree awarded Result 2. Please state full course title of qualifications pending and name of institution you are Expected date of Award attending **DISABILITIES, SPECIAL NEEDS OR SUPPORT** The University encourages applications from students with special needs and is keen to provide appropriate support. If you have a disability, special needs (including dyslexia) or a medical condition please tick the appropriate box and enclose further details where necessary. No Disability Wheelchair User/Mobility difficulty Multiple Disabilities Dyslexia Personal Care support Other Disabilities. Blind/Partially sighted Mental Health difficulty Please specify Deaf/Hearing impairment Unseen disability e.g. Diabetes, **Epilepsy CRIMINAL CONVICTIONS** Do you have any criminal convictions? Yes / No * If Yes, please specify For certain courses this may affect whether or not you are accepted onto the course.

ENGLISH LANGUAGE QUALIFICATI

Please include a copy of your English Language Certificate (Overseas students only)

All students on degree courses at the University of Dundee must have an English languagent to GCSE/Standard Grade English language. Further information about Engrequirements can be obtained at www.dundee.ac.uk/admissions/ug/interstu/CALS	lish Languag	
Please indicate whether English is a) Your first language b) Your main language for education c) Learnt as a formula continuous con	oreign langua	ge
If applying from overseas,		
Please state name of English Language test taken		
Please state score/mark obtained		
Please state when test was taken		
For Overseas Students Only Please indicate if you require an English language access course. These programmes students who do not meet the minimum language requirement, or who would like to in before starting a taught postgraduate course. More information about these programm costs, can be obtained by viewing www.dundee.ac.uk/languagestudies/EFL/prepco	nprove their E nes, including	English
Course Start Date Day Month Year Day Month Year	ear	
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WORK EXPERIENCE AND EMPLOYMENT		
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^{*}Delete as required

APPLICANT CHECKLIST
Please tick the relevant boxes indicating which documents you are submitting with this application
Degree Certificate English Language Certificate (translated into English) (overseas students only)
Degree Transcript (translated into English) Finance Information
DECLARATION
I certify that the information given in this application is correct and complete. If I am admitted to the University, I undertake to observe the University's regulations, and to ensure payments of tuition fees and other financial liabilities to the University. Data Protection Act 1998. The information I have given on this form will be used for purposes of monitoring my student career. At the end of my student career this information will be passed to the Alumni Office who will contact me at his time.
Signature: Date:
THANK YOU FOR COMPLETING THIS APPLICATION FORM.

Submit the application and send the following:

- transcript of university courses with grades, and copy of diploma
- a full CV and the contact information of two referees
- letter of motivation (description of past and current work as well as your suitability for the programme)
- A letter of recommendation from GWP Partner institution with which you are associated

Please email the documents in Word or pdf to Mr Kenge James Gunya at kenge.james.gunya@gwp.org, from whom further information on the scholarship programme can be obtained.