



Admissions Office	<input type="checkbox"/>
Admissions Tutor	<input type="checkbox"/>
Interview	<input type="checkbox"/>
Reference	<input type="checkbox"/>
Decision	<input type="checkbox"/>

Application for Undergraduate Studies

Please complete clearly.
This form will be photocopied.

Applicant Number (for office use only).

Please return to:

Student Information Directorate
Humphrey Booth House
University of Salford
Salford, Greater Manchester M5 4WT
UK

T +44 (0)161 295 3306
F +44 (0)161 295 3126
ug-admissions@salford.ac.uk
www.salford.ac.uk

1. Title: Mr/Mrs/Miss/Ms/Dr	2. Surname/Family name:	3. Other name(s):	4. Gender: M / F
5. Postal address for correspondence: _____ _____ Country: _____ Postal Code: _____ E-mail address: _____ Telephone number: _____ Fax: _____		6. Permanent home address (if different from correspondence): _____ _____ Country: _____ Postal Code: _____ E-mail address: _____ Telephone number: _____ Fax: _____	
7. Date of birth:		8. Country of birth: Nationality:	
9. Fee Status Information: Passport number: _____ Issue date: _____ Place of issue: _____ Expiration date: _____		10. Disability/ Special needs (including dyslexia/ medical conditions):	

11. Title of proposed programme of study: 1. _____
2. _____

Type of programme (HND / BSc etc): _____

12. Proposed entry date: September January Year

13. Year of entry: Year 0 Year 1 Year 2 Year 3 Year 4

14. Mode of Study:
 Full-Time Part-Time Distance Learning Other

If *Other* please specify _____

15. University/ College/ Secondary Schools attended and qualifications obtained or taken. Continue on a separate sheet if necessary. **(Please attach an official transcript of your qualifications)**

From (Month/ Year)	To (Month/ Year)	University/College attended	Qualifications/ Grades obtained if course completed (in case of degree or diploma give class and division).

16. English Language:

Is English your first language? Yes **(Go to question 18)** No **(Go to question 17)**

17. You have indicated that English is not your first language, therefore you must provide evidence that you have met the university's English Language Entry Requirements or details of courses yet to be completed.

Awarding organisation	Award / Course title	Results (including grade)
Date of award or expected award:	(Month/ Year):	

Please attach copies of all certificates.

18. Present employment with brief description of duties (including name and address of present/ most recent employer). If you prefer you may also attach a Curriculum Vitae to this application.

From: To:

Job Title:

Brief details of main duties:

19. Previous employment (if any). (Continue on a separate sheet if necessary).

Dates	Name and address of employer	Position held

20. Referees: Please indicate two people, one of whom should be able to comment on your ability to study at university. The other ideally should be a present/ most recent employer. Please pass the attached reference forms on to these referees.

Name: Position: Address: Tel: E-mail:	Name: Position: Address: Tel: E-mail:
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21. Further information: Candidates are invited to include here relevant information for which no provision is made elsewhere on this form. Alternatively you may attach a Personal Statement to this application.

22. Enclosures: (please list)

23. Finance: How will your studies and maintenance be financed?

Self/family Government Research Council Employer Other

If other, please specify: _____

Contact details (if NOT financed by Self/ Family):

Name:

Company/ organisation:

Address:

Postal code:

Country:

E-mail address:

Telephone number:

Fax number:

24. Do you have any criminal convictions?

Yes

No

25. Declaration.

I confirm that, to the best of my knowledge, the information given in this form is true, complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by University of Salford. I understand that any offer of a place on the above programme is subject to my acceptance of the University's terms and conditions. I accept that if I do not fully comply with these requirements, the University of Salford reserves the right to cancel my application and I shall have no claim against the University of Salford in relation to this application.

I consent to the University of Salford recording and processing information about my race and ethnic origin, and my physical and mental health, for the purpose of statistical surveys only and within the provisions of the Data Protection Act 1998.

Signed: _____ Date: _____

Send your completed application form to the Admissions Office (address given on the front of this form). Please ensure that the forms you send out for references are also returned to this address.

Equal Opportunity Monitoring

This form is only to assist us in monitoring Admissions and will not be taken into consideration for your application. In accordance with the Data Protection Act 1998, the University will seek your explicit permission should it intend to process any sensitive personal data for any reason other than Equal Opportunity purposes or exercising a legal right or obligation required by law. Sensitive data includes your racial or ethnic origin, sexual life, political beliefs, trade union membership, religious beliefs, physical or mental health and criminal offences.

Gender:

Female

Male

Ethnic Origin:

Please choose the option that you feel most closely describes your ethnic origin and enter the code in the box below:

White

White UK	11
White Irish	12
White Scottish	13
Irish Traveller	14
Other White background	19

Black or Black British

Caribbean	21
African	22
Other Black background	29

Asian or Asian British

Indian	31
Pakistani	32
Bangladeshi	33
Other Asian background	39

Mixed

White and Black Caribbean	41
White and Black African	42
White and Asian	43
Other Asian background	39

Chinese or other ethnic group

Chinese	34
Any other	39

I do not wish to disclose this information	98
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Disability:

We advise you to declare your disability or dyslexia as early in the application process as possible. This enables us to assist you in organising your support as soon as practicable.

Do you consider yourself to have a disability?

Yes

No

If you have answered Yes, please give details below:

Do you have any condition that may require special studying arrangements to be made?

Yes

No

If you have answered Yes, please give details below:



Referee's Statement

Please complete clearly.
This form will be photocopied.

Please return this form to:

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Salford, Greater Manchester M5 4WT
UK

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www.salford.ac.uk

Applicants

Please complete this section. Give this form and an envelope to the person who you have asked to act as your referee. When that person returns the sealed envelope to you, please post it to the above address.

Surname/Family name:

Other names:

Proposed programme of study:

Applicant's signature:

Date:

Referee

Please use the space **above** to comment on the candidate's suitability to study for the programme indicated. Please be as frank as possible and use specific examples, where possible to illustrate your points.

If you prefer you may attach a separate reference on your official notepaper.

Name of Referee:

Title:

Name and Address of Institution:

Please put official stamp of your institution here:

Referee's Signature:

Date: