

FULL NAME (If sending by fax):

Application Form

The University of Wolverhampton's application form enables you to apply
Directly to the University for any non – Agency course.

Please read the accompanying Notes for Guidance before completing this form.

Tel : +94 11 2413500 / +94 11 5669718
Fax: +94 11 2413505
E-mail: beng@cinec.edu / engsc@cinec.edu
<http://www.cinec.edu>

1. PERSONAL DETAILS

Title (Mr / Mrs / Miss / Ms etc)		Family Name on 16th Birthday	
Family Name		First / Given Name(s)	
Main Contact Address		Home Address (if different)	
Postcode		Postcode	
Main Contact Telephone Number			
Home Telephone Number (if different)		Fax Number	
E-mail Address		Mobile Phone Number	

SEX:

Male (M)

Female (F)

Date of Birth (eg. 15. 03. 1972)

Day		Month		Year		

DISABILITY/SPECIAL NEEDS

If you have a disability / special need and may require extra support in your study or accommodation, please enter in the box the type of disability code (See Notes for Guidance)

Please give details of the disability(ies) and indicate clearly what help you may require:

Are you in receipt of Disabled Students' Allowances? Yes/ No

2. DETAILS OF COURSE(S) TO WHICH YOU WISH TO APPLY

(for further information please see the University's current prospectus)

Course Title/Subject Name(s)	Preference Order	Year/Month Of Entry e.g. 2006 September	Postgraduate/ Undergraduate/ Professional	Mode of study: Full time/ Sandwich/Part time/Distance Learning

If you wish to be considered for entry other than to the first year of the course, you should contact the University to determine the entry criteria. Year of entry to be considered.

FULL NAME (if sending by fax):

6 QUALIFICATIONS GAINED: (If Exchange student write type of programme, e.g. ERASMUS)

Name of Qualification eg A Level, AS Level, GCSE, ACCESS, NVQ3, BA(Hons)	Awarding Body E.g. AQA, BTEC, C&G	Subject(s)	Result	Date of Result	Mode of Study (Full or part time)	Place of Study (College/School/University)

Please enclose copies of the above qualifications. Please do **not** send the original documents. Postgraduate applicants need only enter further, higher or professional qualifications.

Put an X in this box if you have a National Record of Achievement or Progress File (UK students only)

BTEC Registration Number or Scottish Candidate Number (SCN) (if applicable):

7 QUALIFICATIONS FOR WHICH YOU ARE CURRENTLY STUDYING (if any)

Name of Qualification eg A Level, AS Level, GCSE, ACCESS, NVQ3, BA(Hons)	Awarding Body Eg AQA, BTEC, C&G	Subject(s)	Mode of Study (Full or part time)	Expected Date of completion	Place of Study (College/School/University)

8 SCHOOL, COLLEGE AND UNIVERSITY EDUCATION

Names and addresses of the two most recent Secondary Schools, Colleges or Universities attended as a student,	Full/Part Time	From: mm/yy	To: mm/yy	Type of Institution, Eg School, College

Have you previously studied at the University of Wolverhampton? YES/NO

If yes, please give brief details (e.g. course, dates of study, student number)

FULL NAME (if sending by fax):

9. ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION:

PERSONAL STATEMENT

Please include information on your reasons for applying for this course/subject, details of relevant work experience, special interests/career aspirations and any other relevant information. You may continue on a separate sheet. Please include on this sheet your full name and sign and date it.

[Large empty box for personal statement]

Criminal Convictions: If you have a relevant criminal conviction, enter X in the box See Notes for Guidance for a definition of relevant convictions.

[Small empty box for criminal convictions]

10. NAME (S) AND ADDRESS(ES) OF REFEREE(S): (Please consult Notes for Guidance and course literature Before completing this section)

Table with 2 columns: Referee 1 and Referee 2. Rows include Name, Address, Telephone Number, Fax Number, and E-mail Address.

11. DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand that the information provided will be held and processed by the University in accordance with the Data Protection Act (the Act) and I give my express consent to the processing of my personal sensitive data as defined by the Act by the University. I have read the Notes for Guidance and I undertake to be bound by them. I undertake to pay or cause to be paid to the University of Wolverhampton by the due date, all fees and charges for tuition, accommodation and other services and goods supplied to me by the University, should my application be successful.

Insert name to show acceptance of Declaration

[Empty box for name]

Date

[Empty box for date]

12. ADDITIONAL INFORMATION

The University of Wolverhampton may send you information from other organisations about products and services Directly relevant to higher education applicants. Please put an X in the box if you **do not** want to receive it.

FOR OFFICE USE ONLY Received by: Admissions Tutor:	Date: Ack. Card: Qualifications verified YES / NO	Fee Category
		Student Number

PLEASE REMEMBER TO KEEP A COPY OF YOUR APPLICATION FORM FOR YOUR REFERENCE

Please return your form to:

Department of BEng Studies
Faculty of Engineering Sciences
Colombo International Nautical and Engineering College
Millennium Drive, IT Park,
Malabe, Sri Lanka.