

# University of East Anglia

## Postgraduate Application Form



Please read the application guidance notes before completing this form.

### 1 REGISTRATION SOUGHT

(a) Programme of study:  MA  MSc  MRes  MMus  LLM  PhD  
 MPhil  GradDip  PGDip  PGCert  M-Level Module  MD

(b) Title of course/subject/area/topic of study/research:

Supervisor (if known): \_\_\_\_\_

(c) School of Study / Institute (if known): \_\_\_\_\_

(d) Mode of Study:  Full-time  Part-time (not available to non-EU applicants)

(e) Year of Entry:  2010  2011  2012

(f) Month of Entry:  Sep/Oct  Jan/Feb  Apr  Jul

(Note: most Taught Master's programmes commence in September or October only)

### 2 PERSONAL DETAILS

(a) Title:  Mr  Mrs  Miss  Ms  Dr

(b) Family Name: \_\_\_\_\_

(c) Given Name(s): \_\_\_\_\_

(d) Gender:  Male  Female

(e) Date of Birth: \_\_\_\_\_ (Please complete in the format DD/MM/YY)

(f) Country of Birth: \_\_\_\_\_

(g) Country of Nationality: \_\_\_\_\_

(h) Country of Ordinary Residence: \_\_\_\_\_

(i) Home Address: House Number / Street: \_\_\_\_\_

Town / City: \_\_\_\_\_

County / State / Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Telephone (inc country code): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(j) Correspondence Address: \_\_\_\_\_

**GEEBEE EDUCATION PVT. LTD.**  
**HEAD OFFICE :**

27, Vaswani Mansions, 5th Floor, Opp. K.C. College,  
Dinshaw Vachha Road, Churchgate, Mumbai-400 020. India

Tel. : 91-22-43222333 Fax : 91-22-22854453

Email : info@geebeworld.com

Je: \_\_\_\_\_

Email: \_\_\_\_\_

### 3 VISA DETAILS

If you are an international student please provide the information below to allow us to produce your visa letter/certificate of acceptance:

Full Name (as in passport): \_\_\_\_\_

Nationality (as in passport): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiry Date: \_\_\_\_\_

### 4 QUALIFICATIONS

#### (a) ACADEMIC QUALIFICATIONS

- (i) Please list your university qualifications by level.  
We will require an academic transcript of your qualifications – see Guidance Notes.

Qualification (Bachelor, Master's, PhD)	Average Grades	University		Dates of Study (MM/YY)		Major Subject of Study
		Name	City	From	To	

A Levels	Grade	Subject	Date Obtained

- (ii) Was the language of instruction in English?  YES  NO

#### (b) ENGLISH LANGUAGE QUALIFICATIONS

- (i) Is your first language English?  YES  NO

If NO, please enter which English language exam you have taken (if any) and your most recent score:

### 5 EMPLOYMENT HISTORY, PROFESSIONAL AND OTHER RELEVANT EXPERIENCE

Please state your previous or present employer, any professional and/or relevant experience and any unpaid work or qualifications relevant to your application. Please also send a copy of your CV if completing this section.

Position Held	Name of Employer	Dates of Employment / Experience (MM/YY)	
		From	To

## 6 PROFESSIONAL QUALIFICATIONS, PUBLICATIONS, EXPERIENCE IN ADVANCED STUDY, PROFESSIONAL BODY AND REGISTRATION NUMBER

Please state any professional qualifications, publications, experience in advanced study or research and any other practical work which is relevant. Please also state any membership to a professional body, including registration number.

## 7 HOW DID YOU HEAR ABOUT THE PROGRAMME?

Please

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- Un
- Adv
- Oth

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## 8 FUNDING

Please indicate whether you intend to apply for or already have funding from any organisation.

- Employer Sponsorship
- Government Grant
- Self Funded
- Research Council eg AHRC, ESRC, please specify below:
- University International Scholarship
- Faculty/School Scholarship
- Other, please specify below:

## 9 FEE CATEGORY

The level of tuition fee you pay depends on your fee category.

Please indicate the statement from the list below which best describes you:

Statement	
1 You are a UK national, or live in the Channel Islands or Isle of Man, or are the child of a UK national and have lived in the European Economic Area (EEA) for three years, but not just for full-time education, or	<input type="checkbox"/>
2 You have Indefinite Leave to Enter or Remain in the UK or have the Right of Abode in the UK and have lived in the UK for three years, but not just for full-time education, or	<input type="checkbox"/>
3 You are a refugee, or have been granted Exceptional Leave to Enter or Remain in the UK following an application for asylum, and you have lived in the UK since status was recognised or granted, or you are such a person's husband, wife or child, or	<input type="checkbox"/>
4 You are a non-UK EU national or are the child of a non-UK EU national and have lived in the European Economic Area (EEA) for three years, but not just for full-time education, or	<input type="checkbox"/>
5 You are an EEA national, you live in the UK and you are a migrant worker (or you are such a person's husband, wife or child) and you have lived in the EEA for three years, but not just for full-time education, or	<input type="checkbox"/>
6 You do not fall within any of the categories above	<input type="checkbox"/>

## 10 REFEREES

Please give the names and addresses and positions of the two people that you wish to use as your referees. They should be able to testify to your academic ability or relevant experience and one of these should be your head of department or employer as appropriate. **Please note:** You will need to approach your referees. See Guidance Notes for further details.

1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Institution or Company Name: \_\_\_\_\_  
Institution or Company Address: \_\_\_\_\_  
Referee Email: \_\_\_\_\_

2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Institution or Company Name: \_\_\_\_\_  
Institution or Company Address: \_\_\_\_\_  
Referee Email: \_\_\_\_\_

## 11 DISABILITIES

The University welcomes students with disabilities and strongly encourages you to disclose any disability or medical condition which may have an impact on your postgraduate studies. Declaring a disability will not affect the academic decision about your application but will help us put any individual arrangements or facilities in place for the start of the course and enable us to monitor the effectiveness of our equal opportunities and diversity policies:

- |                                               |                                                       |                                                     |                                            |
|-----------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> No disability        | <input type="checkbox"/> Specific learning difficulty | <input type="checkbox"/> Blind/partially sighted    | <input type="checkbox"/> Other disability  |
| <input type="checkbox"/> Deaf/hard of hearing | <input type="checkbox"/> Wheelchair user/mobility     | <input type="checkbox"/> Mental health difficulties | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Unseen disability    | <input type="checkbox"/> Multiple disabilities        | <input type="checkbox"/> Autistic spectrum disorder |                                            |

## 12 ETHNICITY MONITORING

Please select your ethnic origin. The information collected will be used for monitoring purposes only and will help the University to implement equal opportunities and diversity policies. Ethnicity data will not be used when assessing your application:

- |                                            |                                              |                                                |                                            |
|--------------------------------------------|----------------------------------------------|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> White             | <input type="checkbox"/> Asian – Indian      | <input type="checkbox"/> Asian – Other         | <input type="checkbox"/> Other Mixed       |
| <input type="checkbox"/> Black – Caribbean | <input type="checkbox"/> Asian – Pakistani   | <input type="checkbox"/> White/Black Caribbean | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Black – African   | <input type="checkbox"/> Asian – Bangladeshi | <input type="checkbox"/> White/Black African   | <input type="checkbox"/> Decline To Answer |
| <input type="checkbox"/> Black – Other     | <input type="checkbox"/> Asian – Chinese     | <input type="checkbox"/> White and Asian       |                                            |

## 13 CRIMINAL CONVICTIONS

Do you have any criminal convictions?  Yes  No

## 14 STAFF OR NEAR RELATIVE

Are you are a member of University of East Anglia Staff or are you related to someone who is?  Yes  No

## 15 DECLARATION

I confirm that the information given on this form is true, complete and accurate, no information requested or other material information has been omitted, and that I have completed the application myself.

I agree that I have read the relevant application notes. I undertake to be bound by the terms set out in the application form and application notes and I give consent to the University of East Anglia to process the data (given by myself) I have supplied.

I accept that if I do not fully comply with these requirements the University will have the right to cancel any application and that I shall have no claim against the University (in relation thereto) with regard to this.

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Click on the red arrow below to sign this electronic document. If you have not electronically signed a document before, click on the red arrow, select 'A new digital ID I want to create now' and follow instructions.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**UK/EU Applicants**  
Please send to Admissions Office  
By e-mail: Admissions@uea.ac.uk  
By post: Admissions Office, UEA, Norwich, NR4 7TJ

**International Applicants (non-EU)**  
Please send to International Office  
By e-mail: intl.office@uea.ac.uk  
By post: International Office, UEA Norwich, NR4 7TJ, United Kingdom