

UCL APPLICATION FOR ADMISSION AS A GRADUATE STUDENT



APPLICANTS ARE ADVISED TO READ THE GUIDANCE NOTES BEFORE COMPLETING THE FORM. USE BLACK INK, BLOCK CAPITALS AND TICK BOXES AS APPROPRIATE.

PERSONAL DETAILS

1. Surname/Family Name <input type="text"/>			2. First Names <input type="text"/>			3. Title (Mr/Mrs etc.) <input type="text"/>		
4. Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR		5. Sex (✓) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6. Nationality <input type="text"/>		7. Country of Ordinary Residence <input type="text"/>		
8. Home Address <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>				9. Correspondence Address (if different) <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>				
Tel <input type="text"/>				Tel <input type="text"/>				
Fax <input type="text"/>				Fax <input type="text"/>				
E-mail <input type="text"/>				E-mail <input type="text"/>				
Dates when address is valid				FROM: <input type="text"/>		TO: <input type="text"/>		

FOR OFFICE USE

Applic. No.

Date of Receipt

H/O/E/X

Initials

PROGRAMME OF STUDY FOR WHICH YOU WISH TO APPLY

10. UCL Department/Institute <input type="text"/>		11. Qualification Sought (MA, MSc, etc.) <input type="text"/>	
12. Research Subject Area/Taught Programme Title <input type="text"/>		13. Method of Study (✓) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (where available)	
14. Proposed Starting Date <input type="text"/> <input type="text"/> MONTH YEAR	15. Name(s) of proposed supervisor(s), if known (MPhil/PhD, MD(Res) only) <input type="text"/>		

Taught programmes usually start in September or early October. Research students may begin in September, January, April or July, subject to departmental approval. If there is an alternative programme for which you also wish to be considered, **you must send a photocopy of your application and all supporting papers** (except those in sealed envelopes) substituting the alternative details in this section.

FOR OFFICE USE. TO BE COMPLETED BY THE GRADUATE ADVISER/DEPARTMENTAL ADMISSIONS TUTOR AND RETURNED WITH ALL APPLICATION PAPERS TO ADMISSIONS, ROOM G1, SOUTH WING

Name of Tutor Signature Date

Departmental Action (✓) ACCEPT (PLEASE COMPLETE BOXES BELOW) Admissions to send standard letter? (✓) REJECT YES NO WITHDRAWN

1. Qualification (MA, MSc, etc.) <input type="text"/>		2. Research Subject Area/Taught Programme Title <input type="text"/>	
3. Method of Study (✓) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> FLEXIBLE	4. Start Date (if not September) <input type="text"/> <input type="text"/> MONTH YEAR	5. Research Duration <input type="text"/> <input type="text"/> YEARS MONTHS	6. Fee Rate* (✓) <input type="checkbox"/> SCIENCE <input type="checkbox"/> CLINICAL <small>*only for research in clinical sciences</small>
7. Principal UCL Supervisor <input type="text"/>	8. Subsidiary UCL Supervisor <input type="text"/>	9. Off-campus Supervisor <input type="text"/>	10. Off-campus Institution (if applicable) <input type="text"/>
11. Conditions of Admission <input type="text"/>		12. Other information, e.g. please stipulate any studentships or scholarships allocated/nominated to be detailed on offer letter <input type="text"/>	

PLEASE DETACH APPLICATION FORM BEFORE SENDING

EDUCATION – QUALIFICATIONS ALREADY OBTAINED

16a. Detail your education since age 17. Start with the most recent qualifications. Where appropriate include professional qualifications.

NAME OF COLLEGE/UNIVERSITY/ AWARDING BODY STATE COUNTRY IF OUTSIDE THE UK	START DATE (MONTH/YEAR)	END DATE (MONTH/YEAR)	QUALIFICATION (e.g. BA, BSC)	OVERALL CLASS/ GRADE/GPA	DEGREE TITLE: SUBJECTS STUDIED AND GRADES OBTAINED

EDUCATION – QUALIFICATIONS CURRENTLY BEING TAKEN

16b. Detail qualifications yet to be awarded. Where appropriate include professional qualifications.

NAME OF COLLEGE/UNIVERSITY/ AWARDING BODY STATE COUNTRY IF OUTSIDE THE UK	START DATE (MONTH/YEAR)	END DATE (MONTH/YEAR)	QUALIFICATION (e.g. BA, BSC)	OVERALL CLASS/ GRADE/GPA	DEGREE TITLE: SUBJECTS STUDIED AND GRADES OBTAINED SO FAR

ENGLISH LANGUAGE

17. Is English your first language? (√)

YES NO

If “NO” detail any work experience or education that you have undertaken in English. Provide the date and grade(s) of any English language test taken. Any work experience, education or test must have been within three years of your proposed start date at UCL. A copy of the test certificate should be enclosed with this application.

**FOR OFFICE USE.
ADMISSIONS ADVICE FOR THE GRADUATE ADVISER/DEPARTMENTAL ADMISSIONS TUTOR**

Academically qualified? (√)

YES NOT YET NO – REQUIRES SENIOR TUTOR APPROVAL

English language satisfactory? (√)

YES NO

Qualifications required/other comments:

EMPLOYMENT

18. List your employment to date. You may include a copy of your *curriculum vitae* if this is more convenient. Medical or dental graduates should include full details of all periods of clinical training and clinical attachments.

NAME AND ADDRESS OF EMPLOYER STATE COUNTRY IF OUTSIDE THE UK	START DATE (MONTH/YEAR)	END DATE (MONTH/YEAR)	POSITION HELD AND MAIN DUTIES

19. General Medical Council (GMC)/General Dental Council (GDC) registration: if you hold either GMC or GDC registration, please provide your reference number.

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SUPPLEMENTARY PERSONAL STATEMENT

20. Describe your academic interests and reasons for applying. Research (MPhil/PhD etc.) applicants should state in which research areas or specific projects being offered by the department they are interested. LLM applicants should list the four subjects they wish to study. Applicants for other taught programmes, in particular flexible programmes, should indicate, where appropriate, the options/modules in which they are likely to be interested. Detail your career objectives and any relevant non-academic achievements as well as any publications. Outline any other relevant experience including attendance at specialist workshops or short courses. Continue on a separate sheet if required.

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FUNDING

Please refer to the UCL booklet *Sources of Funding for Graduate Students* or www.ucl.ac.uk/scholarships for information.

21. How will you be financing your studies at UCL? Please (✓) one or more boxes.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PERSONAL/FAMILY RESOURCES	LOAN	STUDENTSHIP/SCHOLARSHIP	SPONSORSHIP	OTHER (PLEASE SPECIFY)

22. If you hold or are intending to apply for funding please state:

<input type="text"/>	<input type="text"/>	Has it been awarded? (✓) <input type="checkbox"/>	<input type="checkbox"/>
NAME OF AWARD	VALUE AND DURATION OF AWARD	YES	DECISION PENDING
<input type="text"/>	<input type="text"/>	Has it been awarded? (✓) <input type="checkbox"/>	<input type="checkbox"/>
NAME OF AWARD	VALUE AND DURATION OF AWARD	YES	DECISION PENDING

Please note, completion of this section does not constitute an application for funding.

AVAILABILITY FOR INTERVIEW

23. Where it is feasible, departments interview applicants before recommending admission. Overseas applicants are not normally required to attend but may be interviewed by telephone. Please indicate any periods when you might not be available.

KNOWLEDGE OF UCL

24. Where did you learn about the UCL programme applied for? Please (✓) or write in one or more boxes.

<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCL WEBSITE	OTHER WEBSITE (PLEASE SPECIFY)	PROSPECTUS/DEPARTMENTAL BROCHURE	UCL ACADEMIC STAFF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ACADEMIC STAFF	EMPLOYER	FORMER UCL GRADUATE	STUDENT RECRUITMENT EXHIBITION/FAIR
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
CAREERS CENTRE	NEWSPAPER/RECRUITMENT GUIDE/MAGAZINE ADVERTISEMENT (PLEASE SPECIFY)	OTHER (PLEASE SPECIFY)	BRITISH COUNCIL

DISABILITY/SPECIAL NEEDS

25. Do you have a disability? (✓) Please also complete the disability and ethnic origin monitoring form enclosed. Any information on disability will be passed (in confidence) to UCL's Disability Co-ordinator. If you have a disability that may require reasonable adjustments to be put in place, you must independently contact the Disability Co-ordinator to discuss your needs.

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

REFEREES

26. State the details of the two people who have provided references in the 'Letter of Reference' envelopes that you are returning with this application.

Name	Name
Position	Position
Address	Address
Tel	Tel
Fax	Fax
E-mail	E-mail

EQUAL OPPORTUNITIES POLICY

At UCL our principal concern when considering applications is to recruit and select students who are likely to complete the programme successfully and derive benefit from it. Once these requirements are met, we regard other issues such as disability, ethnic origin, sex, marital status, number of children, beliefs relating to religion, politics and sexual orientation as irrelevant.

APPLICANT'S DECLARATION

To the best of my knowledge, the information on this application is accurate and complete. (Please note that UCL reserves the right to refuse admission or to terminate a student's attendance should it be discovered that he/she has made a false statement or has omitted significant information. If you are offered a place, you will be required to provide evidence of your qualifications.)

Data Protection Act 1998: I agree to UCL processing personal data contained on this form, or other data which UCL may obtain from me or other people or organisations while I am applying for admission. I agree to the processing and disclosure of such data for any purpose connected with my studies, or my health and safety while on UCL's premises or for any other legitimate purpose, including the compilation of statutory statistical and personal returns that UCL is obliged to make to government or other agencies.

Signature Date

Please return this form, together with two letters of reference, transcripts/diploma supplements (please refer to guidance notes), the disability and ethnic origin monitoring form and, where appropriate, an English language test certificate to:

ADMISSIONS, UNIVERSITY COLLEGE LONDON, THE REGISTRY, GOWER STREET, LONDON WC1E 6BT

UCL REFERENCE FORM FOR GRADUATE STUDY



APPLICANT'S NAME:

PROGRAMME OF STUDY:

The above student is applying to UCL for admission to a graduate programme of study. To assist us in the selection process, we should be most grateful if you could complete the four sections of this form.

1. (a) How long have you known the applicant?

(b) In what capacity do you know the applicant?

(c) If you are an academic referee, please indicate the cohort against whom you are measuring the applicant (e.g. number of students/all students in current year/all students you have ever taught):

2. Please assess the applicant on a scale of 10 (highest) to 1 (lowest) in relation to the following criteria by circling the appropriate number:

Intellectual ability	10	9	8	7	6	5	4	3	2	1	Unable to Comment
Motivation	10	9	8	7	6	5	4	3	2	1	Unable to Comment
Written communication skills	10	9	8	7	6	5	4	3	2	1	Unable to Comment
Verbal communication skills	10	9	8	7	6	5	4	3	2	1	Unable to Comment
Ability to organise workload	10	9	8	7	6	5	4	3	2	1	Unable to Comment
Originality	10	9	8	7	6	5	4	3	2	1	Unable to Comment
Overall assessment of applicant	10	9	8	7	6	5	4	3	2	1	Unable to Comment

3. We would be grateful if you would comment in writing on the applicant including if they have not yet graduated, what final degree classification or grade he/she is expected to obtain and any further relevant information, for example performance in the workplace or suitability for the programme applied for. (Continue overleaf or include a separate signed letter on headed paper if preferred.)

4. Recommendation (✓)

I strongly recommend this applicant for the above programme of study.

I recommend this applicant for the above programme of study.

I do not recommend this applicant for the above programme of study.

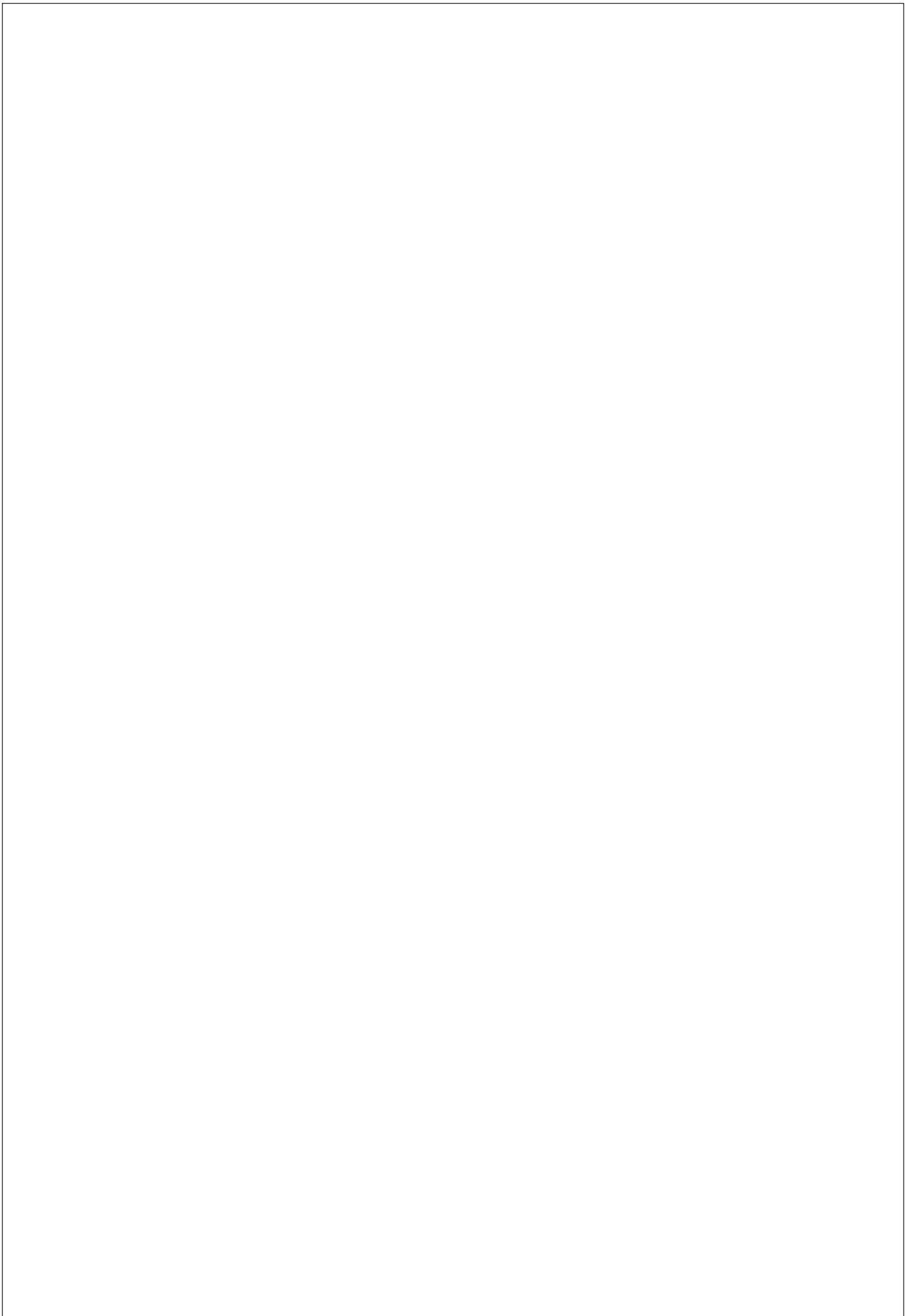
I am unable to comment.

CONTACT DETAILS

Name Signature Position

Tel E-mail Date

Thank you for your co-operation in completing this form. Please enclose this form and each letter in the envelope provided and sign across the seal before returning it to the applicant. Under the terms of the 1998 Data Protection Act, an applicant has the right to access any reference submitted to UCL. Please tick this box if you do not wish the applicant to have access to this reference.



UCL REFERENCE FORM FOR GRADUATE STUDY



APPLICANT'S NAME:

PROGRAMME OF STUDY:

The above student is applying to UCL for admission to a graduate programme of study. To assist us in the selection process, we should be most grateful if you could complete the four sections of this form.

1. (a) How long have you known the applicant?

(b) In what capacity do you know the applicant?

(c) If you are an academic referee, please indicate the cohort against whom you are measuring the applicant (e.g. number of students/all students in current year/all students you have ever taught):

2. Please assess the applicant on a scale of 10 (highest) to 1 (lowest) in relation to the following criteria by circling the appropriate number:

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Verbal communication skills	10	9	8	7	6	5	4	3	2	1	Unable to Comment
Ability to organise workload	10	9	8	7	6	5	4	3	2	1	Unable to Comment
Originality	10	9	8	7	6	5	4	3	2	1	Unable to Comment
Overall assessment of applicant	10	9	8	7	6	5	4	3	2	1	Unable to Comment

3. We would be grateful if you would comment in writing on the applicant including if they have not yet graduated, what final degree classification or grade he/she is expected to obtain and any further relevant information, for example performance in the workplace or suitability for the programme applied for. (Continue overleaf or include a separate signed letter on headed paper if preferred.)

4. Recommendation (✓)

I strongly recommend this applicant for the above programme of study.

I recommend this applicant for the above programme of study.

I do not recommend this applicant for the above programme of study.

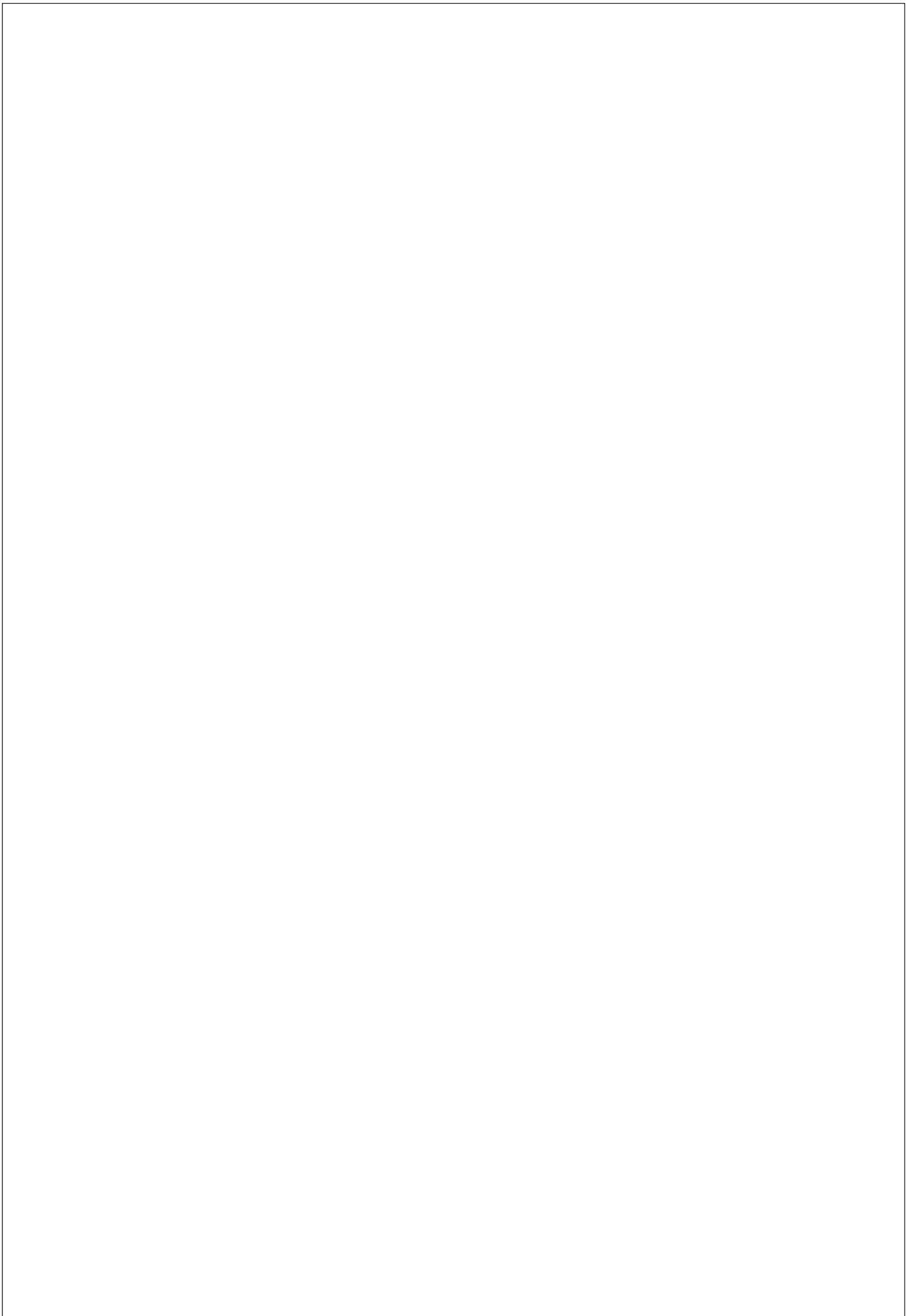
I am unable to comment.

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Tel E-mail Date

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UCL DISABILITY AND ETHNIC ORIGIN MONITORING FORM



Please note that this form will not be passed to any admissions tutor.
UCL is required to supply this personal information to the Higher Education Statistics Agency.

If you have a disability that may require adjustments to be put in place, you must contact UCL's Disability Co-ordinator, telephone (voice or minicom): +44 (0)20 7679 0100; fax: +44 (0)20 7916 8530; e-mail: disability@ucl.ac.uk; address: The Registry, University College London, Gower Street, London WC1E 6BT.

SURNAME

FIRST NAMES

DISABILITY

 Please (✓) one box

- | | |
|---|--|
| 00 <input type="checkbox"/> No disability | 06 <input type="checkbox"/> Mental health disability |
| 01 <input type="checkbox"/> Specific learning disability, e.g. Dyslexia | 07 <input type="checkbox"/> Unseen disability, e.g. diabetes |
| 02 <input type="checkbox"/> Blind/partially sighted | 08 <input type="checkbox"/> Multiple disabilities |
| 03 <input type="checkbox"/> Deaf/hearing impairment | 09 <input type="checkbox"/> Other disability |
| 04 <input type="checkbox"/> Wheelchair user/mobility difficulty | 10 <input type="checkbox"/> Autistic Spectrum Disorder |
| 05 <input type="checkbox"/> Personal care support | |

Are you currently or have you previously been in receipt of a UK disabled student's allowance? Please (✓) one box

- Yes No

ETHNICITY

 Please (✓) one box

- | | |
|--|--|
| 11 <input type="checkbox"/> White – British | 33 <input type="checkbox"/> Asian or Asian British – Bangladeshi |
| 12 <input type="checkbox"/> White – Irish | 34 <input type="checkbox"/> Chinese |
| 13 <input type="checkbox"/> White Scottish | 39 <input type="checkbox"/> Other Asian background |
| 14 <input type="checkbox"/> Irish Traveller | 41 <input type="checkbox"/> Mixed – White and Black Caribbean |
| 19 <input type="checkbox"/> Other White background | 42 <input type="checkbox"/> Mixed – White and Black African |
| 21 <input type="checkbox"/> Black or Black British – Caribbean | 43 <input type="checkbox"/> Mixed – White and Asian |
| 22 <input type="checkbox"/> Black or Black British – African | 49 <input type="checkbox"/> Other Mixed background |
| 29 <input type="checkbox"/> Other Black background | 80 <input type="checkbox"/> Other Ethnic background |
| 31 <input type="checkbox"/> Asian or Asian British – Indian | 98 <input type="checkbox"/> Information refused |
| 32 <input type="checkbox"/> Asian or Asian British – Pakistani | |

Please return this form with the rest of your application to:

ADMISSIONS, UNIVERSITY COLLEGE LONDON, THE REGISTRY, GOWER STREET, LONDON WC1E 6BT