University of ULSTER

Application for Admission to All Direct Entry Programmes

FOR UNIVERSITY USE ONLY	
Ack.	Interview
Admission conditional on:	
Academic Signature	Date
FINAL	

Please Type or Print in BLACK ink

1. NAME

Title: Mr, Mrs etc: _____ Forename/Given Name: _____

Surname/ Family Name: _____ Previous Surname/ Family Name *(if applicable):* _____

If you have studied at the University of Ulster or one of our partner colleges in the past, please give your most recent previous Student Registration number (if known). ☐

2. PERSONAL INFORMATION

Date of Birth: Day _____ Month _____ Year _____

Gender: Male ☐ Female ☐ Marital Status _____

Email Address: _____
(please tell us if this changes)

If you are applying for a post-registration nursing programme, please give your nursing PIN number. ☐

Do you have a disability? YES ☐ NO ☐

If you have stated that you have a disability or medical condition which might affect your studies, please give further details.

_____

_____

_____

_____

_____

Do you have any criminal convictions or any prosecutions pending? YES ☐ NO ☐
(See notes of guidance for further details)

3. HOME ADDRESS AND TELEPHONE NUMBERS

_____

_____

_____

Town or City: _____

County: _____
(UK & ROI only)

Postcode or Zip Code: _____

Country: _____

Home phone Number: _____

Daytime phone number: *(if applicable)* _____

Mobile phone number: *(if applicable)* _____

Fax number: *(if applicable)* _____

4. CORRESPONDENCE ADDRESS

If you will not be living at your permanent home address during the period of your application and wish us to write to you at another address, please give the address that you wish us to use. It is essential that you inform the University immediately if your correspondence address changes.

_____

_____

_____

Town or City: _____

County: _____
(UK & ROI only)

Postcode or Zip Code: _____

Country: _____

Contact phone Number: _____

Please give the date that you wish us to begin using this address and the date that you wish us to stop using this address.

Begin _____ Stop _____

5. COUNTRY INFORMATION

Country of Permanent Residence: _____

County of Birth/Nationality: _____

A. Have you been resident in the UK for more than 3 years
If not please go to B. YES ☐ NO ☐

B. Have you been resident in the EU for more than 3 years
If not please go to C. YES ☐ NO ☐

C. Are you resident outside of the UK/EU? YES ☐ NO ☐

6. PROGRAMME SELECTION (Please refer to the prospectus for the correct programme title)

Programme Choice _____

Proposed option (if appropriate) _____ Point of Entry (ie Yr 1) _____

Preferred month and year of entry _____ Study Mode - Full-time Part-time (Please circle)
(if programme information has indicated that different start dates are available).

Campus _____

Please tell us how you learned about the programmes on offer at UU.

_____

_____

7. EDUCATION AND QUALIFICATIONS

Is the University of Ulster the most recent educational institution you have attended? YES ☐ NO ☐

Is Queen's University Belfast the most recent educational institution you have attended? YES ☐ NO ☐

If the most recent educational institution you have attended was neither UU or QUB, please say which institution you attended. _____

Please give the date that you left/intend to complete your studies at your most recent school/FE/HE institution.

_____

Title of highest/most recent qualification obtained or pending. _____

Subjects studied and language of instruction (if not English).

_____

_____

_____

_____

Class/Grade obtained _____

Is English your first language? YES ☐ NO ☐

If English is not your first language, please give details of the English language qualification that you hold.

_____

Institution where English qualification was obtained. _____

Date obtained. _____ Grade or mark awarded. _____

If you hold, or are presently taking any professional qualifications, please give details including the award title, the name of the Professional awarding body, the institution attended and the results obtained/date they will be available.

_____

_____

8. EMPLOYMENT DETAILS

Please give details of your current or most recent employment including length of time in this post and your duties.

_____

_____

_____

Please give details of any previous employment that you feel may be relevant to your application.

_____

_____

_____

9. FUNDING DETAILS

How do you intend to finance your course of study?

10. REFEREES AND PERSONAL STATEMENT

Please give the name, job title, address and telephone/email details of your first referee.

Please give the name, job title, address and telephone/ email details of your second referee.

Please give your reasons for applying for the programmes stated and provide any further information which you wish to give in support of your application. Please keep your statement to a maximum of 500 words. You may continue on an additional sheet if you wish.

SIGNATURE OF APPLICANT

I consent to the University processing the information on this form for administrative purposes, including consideration of my application, but only insofar as it is permitted to do so within the constraints imposed by the Data Protection Act 1998. In particular, I understand that the University may continue to process this information even if I am refused admission or if I should decline an offer of admission. The information which I have provided on this form is complete and accurate.

SIGNED ..... DATE .....

Please forward the completed application form to the address given below irrespective of which campus the course(s) are located on

THE REGISTRY OFFICE
UNIVERSITY OF ULSTER AT COLERAINE
CROMORE ROAD
COLERAINE
CO. LONDONDERRY
BT52 1SA