

Surname/Family Name:	Previous Surname/Family Name: (if relevant)	Other Names: (in full)	Title:
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Permanent Home Address:         Telephone No. (including area code):  Fax No. (including area code):  Email address:	Correspondence Address: (From ..... / ..... / ..... To ..... / ..... / .....)         Telephone No. (including area code):  Fax No. (including area code):  Email address:
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Nationality	Country of Birth	Country of Permanent Residence	Date of Birth date    month    year /    /	Male/Female	First Language (if other than English)
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Passport No. (Non - European Union Applicants only): \_\_\_\_\_

**UK/EU applicants:**

Have you been a resident (apart from short absences e.g., for holidays) in the EU for the three years prior to the start date of your postgraduate study? YES ☐ NO ☐

If NO, please give further details .....

.....

**Non-European Union Applicants currently in the EU:**

On what date did you first enter the EU?                      date:                      month:                      year:

For what purpose? .....

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## Department/School:

<b>Taught Programme</b>	Please state clearly the exact title of the programme as given in the Prospectus. Please indicate the languages to be pursued if you are applying for the MA Translation with Language Technology.	Full or Part-time:	Year of Entry:
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Title of Programme:

Tick qualification aim	MA <input type="checkbox"/>	LLM <input type="checkbox"/>	MRes <input type="checkbox"/>	MSc <input type="checkbox"/>	MBA <input type="checkbox"/>	Diploma <input type="checkbox"/>	Certificate <input type="checkbox"/>
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Research Programme	Topic of Research:
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Tick qualification aim	MPhil <input type="checkbox"/>	PhD <input type="checkbox"/>	EngD <input type="checkbox"/>	MD <input type="checkbox"/>
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Date on which you would wish to begin your research	<div> <b>Month:</b> </div> <div> <b>Year:</b> </div> <div>           The University permits MPhil/PhD programmes to start on one of the following dates:            1 Oct, 1 Jan, 1 April, 1 July (subject to the approval of the school)         </div>	Full or Part-time:
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Have you previously **applied** for admission to Postgraduate studies at Swansea? YES ☐ NO ☐

If yes, please give year of application .....

Have you previously **studied** at Swansea? YES ☐ NO ☐

### 3. FUNDING FOR YOUR PROGRAMME

Please provide information about how you will be funding your programme of study.

Self-funding ☐ Sponsorship (please provide letter) ☐ Applying for funding ☐

If you are **applying** for funding, please indicate from where (e.g. University Studentship/Company/etc.)

### 4. YOUR EDUCATION

Please give details of your **first degree (or equivalent qualification)**.

Awarding Institution or Body:

Official name of Qualification:  
(e.g. BA, Diplom, Maîtrise, Ptychion, etc)

Subject(s):

Result (if known):  
(e.g. class, GPA, etc)

Date of Award:

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**Name and full postal address of the institution at which you studied for your first degree:**

.....  
.....

**Dates of Attendance:** From: Month ..... Year .....

To: Month ..... Year .....

**NOTE:** If you accept the offer to undertake postgraduate studies at Swansea University, it will be necessary to contact the awarding institution direct to confirm the details of your degree.

#### Higher Degrees and/or Professional Qualifications.

Title(s):

Date(s) of Award(s):

Name of the institution or awarding body:

*If this space is not sufficient, you may attach an additional sheet to your application form.*

#### English Language Proficiency - applicable only if your first language is not English

Please give IELTS, TOEFL or CPE score.

Copies of the relevant certificates need to be attached.

Name of test: .....

Score: .....

Date of most recent test: .....

Date of forthcoming test: .....

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Use this space to indicate if your undergraduate degree was taught through the medium of English or to add any further information regarding your English Language proficiency.

You may be required to undertake further studies in English before you commence your postgraduate programme

## 5. EMPLOYMENT INFORMATION

Please give details of any current/previous employment history (with dates) which may support your application. In addition to the completed application form, you may include a typewritten curriculum vitae.

Name and address of employer:  
(please state country if outside the UK)

Start date:  
(month/year)

End date:  
(month/year)

Position held and main duties:  
(Please state whether full or parttime)

## 6. SUPPLEMENTARY PERSONAL STATEMENT

Please use this space to add information that is relevant to your application. For example:

- (i) Applicants for **research degrees** must enclose a 1-2 page outline of their proposed research. Your School may ask for a more detailed proposal;
- (ii) Applicants for **taught courses** must provide a statement outlining their interest in the chosen programme of study.

*Continue on a separate sheet if required.*

## 7. REFERENCES

Applications cannot be processed without references. Please provide the names, addresses and positions of two academic or work-related referees. **Note: References must be completed using the official University forms.**

Name: .....

Address: .....

.....

.....

Position: .....

Email address: .....

Name: .....

Address: .....

.....

.....

Position: .....

Email address: .....



## 8. DISABILITY/SPECIAL NEEDS

Please tick the appropriate box if you have a disability/special need which may affect your studies or may require special facilities or treatment. The information may be used to make appropriate arrangements to support your studies.

<b>0</b> No disability <input type="checkbox"/>	<b>6</b> You have mental health difficulties <input type="checkbox"/>
<b>1</b> You have a specific learning difficulty (e.g. dyslexia) <input type="checkbox"/>	<b>7</b> You have a disability that cannot be seen (e.g. diabetes, epilepsy or a heart condition) <input type="checkbox"/>
<b>2</b> You are blind or partially sighted <input type="checkbox"/>	
<b>3</b> You are deaf or hard of hearing <input type="checkbox"/>	<b>8</b> You have two or more of the above <input type="checkbox"/>
<b>4</b> You use a wheelchair or have mobility difficulties <input type="checkbox"/>	<b>9</b> You have a disability, special need or medical condition that is not listed above <input type="checkbox"/>
<b>T</b> You have Autistic Disorder or Asperger Syndrome <input type="checkbox"/>	

## 9. DATA PROTECTION ACT

The University requires the information on this form for educational purposes and your personal data will be processed in accordance with the University's enrolment and current data protection legislation.

## 10. DECLARATION

### Criminal Convictions

Do you have any criminal convictions? (see notes of guidance) YES ☐ NO ☐

**I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided.**

Signature of Applicant: ..... Date: .....

When completed, this application should be returned to:

**The Postgraduate Admissions Office, Swansea University, Singleton Park, Swansea SA2 8PP**

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### DEPARTMENTAL DECISION

(please tick box)

Accept Conditional ☐

Accept Unconditional ☐

Reject ☐

Please provide reason[s] in comments box below

### Conditions/Comments:

### Advisory note from Admissions:

Is the applicant a member of staff at Swansea University? Yes\* / No\* (\*delete as appropriate)

### For Research Students only:

Name of anticipated supervisor(s):

Recommended period of Enrolment  
(e.g. 36 Months)

If reduced candidature is recommended, please indicate qualifying award or period of study:

Bench Fees (where applicable):

Name of Admissions Tutor:

Signature of Admissions Tutor:

Date:

## For Admissions Office use only

Date Application Received:

Date Application sent to Department:

Date Application returned to Admissions: