

Application Form

OFFICE USE ONLY

Applicant number	Date received							
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	ith filling in this form, please contact the Learning Advice Centre o d to computer. This information will be treated confidentially ir			Protectior	n Act, 19	998.		
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Your choice of course (please	use CAPITAL letters)							
Please state which course you wish to study.								
•				assport siz	ze photo	0		
Please indicate your proposed start date.	0 9 2 0 2 5			,				
Please indicate your preferred mode of study.	Weekend Full-time							
Personal Information (please	use CAPITAL letters)							
Title (eg Ms/Mrs/Mr/Dr)								
First Name								
Surname								
Gender	Male Female							
Date of birth	D D M M Y Y Y Y							
Home address								
	Postcode							
Applicant's Contact Details	Home	Work						
(Do not provide parent's or guardian's contact details here)	e-mail	Mobile						
Nationality								
Country of birth								
Country of domicile or permanent residence								
Posidones and Passnort De	otails of Applicants							
Residence and Passport Do Applicants NOT who are not UAE Citizens,								
Applicants NOT who are not OAE Citizens,	pieuse state.							
	Sponsor/Company Name (As stated in your visa):							
	Visa/Residence Permit Start Date :	D D	ММ	YY	Υ	Y		

Visa/Residence Permit Expiry Date:

(if applicable)

Emirates ID Expiry Date :

Date on which your student visa was issued:

Emirates ID No:



SECTION 2

Previous education and work experience

Please list all subjects taken, whatever the result, starting with the most recent. If you are awaiting the result of any examination, please write 'pending' in the Result/grade column. You should also include any recent training and professional updating and all music grade/diploma qualifications.

Qualification Please provide details of title, level, issuing body and country	Subject(s)	Year taken	Result/ grade

Wherever possible, the Universty of West London offers credit for any relevant prior learning and experience which you may have. Please indicate if you would like details of our Accreditation of Prior Learning/Experiential Learning Scheme.

Please outline any work experience you have had (both paid and unpaid) which you consider relevant to your chosen course of study.

Please include details of any special responsibilities. <u>Continue on a separate sheet if necessary.</u>

Job title	
Name of organisation	
From M M Y Y Y Y	To M M Y Y Y Y
Duties	
Job title	
Name of organisation	
From M M Y Y Y Y	To M M Y Y Y Y
Duties	
Job title	
Name of organisation	
From M M Y Y Y Y	To M M Y Y Y Y
Duties	

Information to support your application

Please use this section of the form to provide information to support your application, including your reason(s) for wishing to take the course of study and the benefits you expect to gain from it. Please continue on a separate sheet.



SECTION 3

References

Many of our courses, particularly those at postgraduate level, require you to provide two references. Please check whether the course you are applying for, has this as a requirement for entry.

Wherever possible, one Referee should relate to your current or recent <u>work</u> and one to any current or recent <u>study</u> you have undertaken.

Reference 1

Daytime telephone number

e-mail

Name	
Position	
Address	
	Postcode
Daytime telephone number	
e-mail	
Reference 2	
Name	
Position	
Address	
	Postcode



SECTION 4

Emergency contact details (Parents/Guardian)

Contact details 1														
Name														
Position														
Address														
									Po	st cod	e 📗			
Contact Number														
e-mail														
Contact details 2														
Name														
Position														
Address														
									Po	st cod	e		T	
Contact Number												-		
e-mail														
Declaration														
Declaration														
To the best of my know	wledge, the info	rmation I hav	e given on	this	form	is corr	rect.							
Signature of applicant														
Date														
University of West L	London													
RAK Branch Campus														
	-1													
For office use o	nıy													
Admission officer	·'a aawawaamt													
Admission officer	s comment													