For office use only

Applying f	or two progr	ammes?		
Enter reference 1:				
Enter reference 2:				



APPLICATION FOR POSTGRADUATE STUDY				
Guidance				
HOW TO COMPLETE THIS FORM				
• Where provided with options - indicated by 🗌 - please make	e your selection by ticking the appropriate box - 🗹			
• Guidance on how to complete the form is indicated by text in relevant section of the form.	italic characters. Please refer to this text before completing the			
A - Personal details				
Equally manage	Previous family name: f applicable, for example by marriage			
First/given name(s):				
Title: Mr Miss Mrs Ms Dr	Other - please state:			
Date of birth: (dd/mm/yyyy)///	Gender: Male 🗌 Female 🗌			
	Applicants not born in the European Union, please complete the			
Nationality:	following, if applicable:			
Country of birth:	Date of first entry to EU: / / / / _ </td			
Country of permanent residence:	Date granted indefinite leave to remain in UK:///			
	Please enclose evidence of any indefinite leave to remain.			
If you have previously studied at Lancaster University, please provide yo	ur most recent student ID reference:			
Lancaster University student ID:				
Disability or special needs If you have a disability or medical condition which may affect your studies, please use the space below to inform us. This will help our Student Services team to provide you with the necessary support and guidance.				
Declaration of criminal conviction To help us maintain a safe and secure campus, please indicate if you have ever been convicted of a relevant criminal conviction. Only select yes if you have a conviction for offences against the person, whether of a violent or sexual nature, and/or a conviction relating to the unlawful supply of controlled drugs and substances eg. commercial drug dealing or trafficking. Do not select yes if your conviction is defined as spent under the Rehabilitation of Offenders Act 1974. Consideration of convictions is separate to the assessment of your academic suitability.				

Yes	No
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B - Contact details			
Email address:			
Telephone number			
Home:			
Address line 1			
Address line 2			
Address line 3			
Address line 4			
City / post-town			
County/province/state			
Post / ZIP code			
Country			
C - Programme of study			
Select type of programme: Masters degree Doctorate (PhD)	Postgraduate DiplomaPostgraduate CertificateMasters by researchMPhil		
Beyond Imagination Cluster / Theme research projec	t:		
Home and Living	Factory and Workplace Dopulation and Policy		
City and Urban	Community and Public Sector Evaluation		
Health Prosperity	Sustainability International		
D - Referees			
Please provide the details of two referees, at least one of whom shoul programme. We will contact these referees on your behalf.	d be able to comment on your academic suitability for your chosen		
Family name:	Family name:		
First/given names:	First/given names:		
Relationship to you:	Relationship to you:		
Email address:	Email address:		
Address for correspondence:	Address for correspondence:		
Address line I	Address line I		
Address line 2	Address line 2		
Address line 3	Address line 3 Address line 4		
City / post-town	City / post-town		
County/province/state	County/province/state		
Post / ZIP code	Post / ZIP code		
Country	Country		

E - College and university education								
Date	Date Institution name			Subject/course	e title(s)	Result (g	rade)	
From (mm/yyyy)	То (<i>mm/</i> уууу)	Please include location				Indicate if yet availal		
F - Eng	lish langua	ge proficiency						
		English, the University will requ				ell us about any E	nglish	
language qu	alifications (eg. li	ELTS, ToEFL) which you hold and			, ,, ,,			
IELTS:		Score	Date of			If you do not mee required score for		
ToEFL:				chos		chosen programn you may be eligib	osen programme,	
Other (please specify):					attend the Univer pre-sessional Eng	rsity's		
e anor (pr						course. >> Guid		
						_		
	laration							
		contained within my application to the processing of my data			and that no material info	rmation has beer	l	
Signing this	declaration also	means you undertake to supply ponsibility for providing you with	, any furthe	er information which			ould	
lead to any	offer being with	drawn or registration terminated					uiu	
Protection A	.ct (1998).							
- :								
Sign:				Date: (dd/mm/yy	yy)///			
Checkli	ist							
	pleted, signed a ree transcript(s)							
🗌 Engli	sh language test	results (where applicable)		、 、				
🗌 Rese		emain documentation (where for research applicants)	арріїсаріе)				
CV Personal statement								
	folio (optional)							