

## APPLICATION FOR NON-GRADUATING STUDENT STATUS

Please complete all sections of this form using black ballpoint or black type in BLOCK CAPITALS

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PROPOSEI	D STUDY						
Department							
Start Date	End Date						
PERSONAL	DETAILS						
Surname/Family Name				Male/I	ema	le*	
First name(s)/Given name(s)		Day	ľ	Mont	h	Year	
Title Mr/Mrs/Miss/Ms/Dr*	Date of Birth					19	
	Your correspondenc applicable)(Letters from t					his add	ress)
Country	Country						
Postcode/Zipcode	Postcode/Zipcode						
	Telephone Number (with Country and Area C	ode)					
Email	Mobile		Fax	{			
Nationality	Country of Birth						
Country of residence?	How long have you	ived ir	h that	count	ry?		
If non-UK/EU National and are resident in the UK/EU, or YES/NO* Yes No	do you have indefinite	e leave	e to re	emain	in the	UK/E	:U?
If you are a current student/graduate of the University of	of Dundee, please pr	ovide y	your	studen	t ID N	lumbe	)r

COLLEGE / UNIVERSITY QUALIFICATIONS Please include a copy of your Degree Certificate and your University transcript only (translated into English if applying from Overseas)							
Please provide information on the f	ollowing s		,				
College / University attended	From	То	Full title of degree awar	ded	Result		
1.							
2.	finations		d nome of institution va		tod dote of		
Please state full course title of qual attending	ifications p	bending ai	nd name of institution you	Awarc	ted date of		
The University encourages applicat support. If you have a disability, sp	ions from ecial need	students s (includir	ng dyslexia) or a medical	s keen to provi			
appropriate box and enclose furthe No Disability Dyslexia Blind/Partially sighted	Whee Perso		er/Mobility difficulty support	Other	le Disabilities Disabilities.		
Deaf/Hearing impairment	Unse Epilepsy	en disabil	ity e.g. Diabetes,	Please spe			
	CRI	MINAL C	ONVICTIONS				
Do you have any criminal convictio If Yes, please specify	ns? Yes Yes No	/ No * ס					
For certain courses this may affect	whether o	r not you	are accepted onto the co	ourse.			

ENGLISH LANGUAGE QUALIFICATIONS Please include a copy of your English Language Certificate (Overseas students only)								
All students on degree courses at the University of Dundee must have an English language qualification equivalent to GCSE/Standard Grade English language. Further information about English Language requirements can be obtained at www.dundee.ac.uk/admissions/ug/interstu/CALS.htm								
Please indicate whether English is a) Your first language b) Your main language for education c) Learnt as a foreign language								
If applying from overseas,								
Please state name of English Language test taken								
Please state score/mark obtained								
Please state when test was taken								
For Overseas Students Only Please indicate if you require an English language access course. These programmes are available for students who do not meet the minimum language requirement, or who would like to improve their English before starting a taught postgraduate course. More information about these programmes, including dates and costs, can be obtained by viewing www.dundee.ac.uk/languagestudies/EFL/prepcourses.htm								
Course Start Date		Course Er		Veer	9			
	Year 20	Day	Month	Year 20				
WORK EXPERIENCE AND EMPLOYMENT								
WORK EX			OYMENT					
			OYMENT					
Please enter details of employment startin	ng with most rec		OYMENT		DAT	ËS		
			OYMENT	From	DAT	ES To		
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APPLICANT CHECKLIST
Please tick the relevant boxes indicating which documents you are submitting with this application
Degree Certificate English Language Certificate (verseas students only)
Degree Transcript     Finance Information       (translated into English)     Finance Information
DECLARATION
I certify that the information given in this application is correct and complete. If I am admitted to the University, I undertake to observe the University's regulations, and to ensure payments of tuition fees and other financial liabilities to the University.
Data Protection Act 1998. The information I have given on this form will be used for purposes of monitoring my student career. At the end of my student career this information will be passed to the Alumni Office who will contact me at his time.
Signature: Date:
THANK YOU FOR COMPLETING THIS APPLICATION FORM.
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Submit the application and send the following:

- transcript of university courses with grades, and copy of diploma
- a full CV and the contact information of two referees
- letter of motivation (description of past and current work as well as your suitability for the programme)
- A letter of recommendation from GWP Partner institution with which you are associated

Please email the documents in Word or pdf to Mr Kenge James Gunya at kenge.james.gunya@gwp.org, from whom further information on the scholarship programme can be obtained.