

## **Part-Time Application Form**

Please type or print in black ink and complete in BLOCK CAPITALS if hand-written

Personal Information	n (for name, pleas	e state this as	it appears on y	our passpo	rt)		
Title (e.g. Mr/Miss/Mrs):		Forename(s):					
Surname:			Gender: □	Male □	Female		Other
Date of birth:			Home telephone:				
Mobile telephone:			E-mail address:				
Correspondence address:							
Country:			Post code:				
Permanent home address	(if different):						
Country:			Post code:				
Please ensure you subm	nit a copy of the pe	ersonal details	page in your p	assport wit	h this app	licati	on form
Г							
Representative's de	tails						
Representative's Compan	y name:						
Contact name at Represe	ntative's Company:						
Course(s) applied for	or I						
Year of study:	20	T		T			
Course(s):		Campus:		Intake:			
MSc Professional Software Development (part-time)		□ London		□ January □ May □ September			
				1			
Mode of study:		□ Weekends					
IIIZ Baat lance atate							
UK Residency status							
Have you been a resident in three years?	n the UK/EU (i.e. wit	hout any restriction	on on the period	you may ren	nain in the l □ Yes		J) for the past No
If yes, can you provide evid	ence to prove that y	ou have been in	the UK for this pe	eriod?	□ Yes		No
Are you eligible for Student	Finance for the dura	ation of your cour	se?		□ Yes		No



Education history							
Please submit a copy of all previous qualifications (including transcripts and final certificates) obtained previously that you would like to be considered when we assess you for entry onto your chosen course. If available, this must include your highest level of study being used for entry onto your chosen course.							
Previous education completed:							
Highest qualification and subject:							
Name of institution/awarding body:							
Date of completion:							
Professional qualifications completed:							
Are you currently studying for a qualification? □ Yes □ No							
If yes, please give further details in the	boxes below						
Qualification and subject:							
Name of institution/awarding body:							
Date of expected completion/award:							
Please ensure that you submit a copy of your Curriculum Vitae (CV) with this application form. Your CV must clearly show what you have been doing since you last studied (e.g. your employment history).  Personal statement  Please ensure that you submit a copy of your personal statement with this application form. Your personal							
statement should outline, in a minimum of 250 words, your motivations for studying, the reasons why you chose your course and Ulster University specifically, what you hope to achieve in the future and how the course is relevant to these plans.							
Referees							
Please provide the names and detai and/or employment.	ls of two persons who may be contacted regarding your academic work						
Name 1:	Position:						
Address:							
Telephone:	E-mail address:						
Name 2:	Position:						
Address:							
Telephone:	E-mail address:						



Criminal convictions						
Do you have any criminal convictions? ☐ Yes ☐ ☐	No					
(Excludes any motoring offences for which you receive a fine or points-based penalty)						
Any applicant who is convicted of a criminal offence after applying but prior to University (London and Birmingham Branch Campuses) without delay.	admission must inform Ulster					
Medical requirements						
Do you have a medical condition or disability that might affect your studies and for which special arrangements might have to be made?						
Г						
Checklist						
Please tick the boxes to confirm which copies of the following documen	nts you have sent with your application					
Copy of passport personal details page	□ Yes					
Copy of previous qualifications, including final certificates and transcripts, and translations into English (if not already in English)	□ Yes					
Copy of your CV	□ Yes					
Copy of your Personal Statement	□ Yes					
I confirm that the information I have submitted on this application form is accompleted this form myself. I accept that Ulster University (London and Birmi right to cancel my application if any of the information that I have submitted is inaccurate and that by signing this declaration I am bound by the terms and of Birmingham Branch Campuses website. I give consent to the London and Birthe information on, and submitted with, this form for administrative purposes but only insofar as it is permitted to do so within the constraints imposed by the particular, I understand that the University may continue to process this informified it should decline an offer of admission.	ingham Branch Campuses) reserves the subsequently found to be false or conditions as outlined on the London and rmingham Branch Campuses to process and for consideration of my application, he Data Protection Act 1998. In					
Signed: Date:	gned: Date:					
If you are under the age of 18 you must provide the name and approval signature from a parent or guardian.  Name of Parent/Guardian:						
Signed: Date:						
Please send your completed application form, along with your additional doct	uments to:					
home.admissions@ga.com						