

FOR OFFICE USE ONLY

Application number:

POSTGRADUATE APPLICATION FORM FOR CANDIDATES FROM IRAQ

Please complete all questions CLEARLY in BLOCK CAPITALS and complete tick boxes as appropriate.

PROGRAMME DETAILS

QUALIFICATION (Please state PhD, MPhil, MSc, MA, etc.

SUBJECT (State full title of course or research subject) _____

SCHOOL (In which School of the University do you intend to study ____

PERSONAL DETAILS
NAME (As written in your passport)
DATE OF BIRTH (dd/mm/yyyy)
GENDER (Male/Female)
ADDRESS (Please give your FULL POSTAL address)
EMAIL ADDRESS
TELEPHONE NUMBER
NATIONALITY COUNTRY OF PERMANENT RESIDENCE

EDUCATIONAL HISTORY		
NAME AND CITY OF INSTITUTION	QUALIFICATION AND SUBJECT (e.g. Bachelor degree in Economics)	GRADE/CLASS OF DEGREE (e.g. Overall average 76%)

ENGLISH LANGUAGE QUALIFICATIONS

[ELTS: Score	Date taken	
TOEFL (Computer version): Score	Date taken	
PEARSON TEST OF ENGLISH: Score	Date taken	_
NY OTHER ENGLISH LANGUAGE QUALIFICA	TIONS (Please give details)	

CAREER HISTORY Please give details of relevant employment and professional experience (or attach a curriculum vitae)			
DATES (TO AND FROM)	NATURE OF WORK AND POSITION HELD	NAME AND ADDRESS OF EMPLOYER	

REFERENCES (LETTERS OF RECOMMENDATION)

Please give the names of your two referees. At least one should be from an academic member of staff at the institution where you gained your most advanced qualification. The references should be included with this application.

NAME	ADDRESS	POSITION

PERSONAL STATEMENT

Please use this space to summarise your academic interests and your reasons for choosing your intended course of study.

RESEARCH PROPOSAL

Please provide a brief outline of your proposed research topic or interests. If you have a detailed research proposal this should be attached. You should check this website for guidance on writing a research proposal <u>http://pgstudy.nottingham.ac.uk/apply-postgraduate-course/writing-research-proposal.aspx</u>.

Please continue on another sheet of paper if required.

DISABILITY, DYSLEXIA OR LONG TERM MEDICAL CONDITIONS		
The University of Nottingham aims to provide an environment in which all of our students are able to participate fully in university life. In order to assist us in providing suitable support, please indicate below if you have a disability. This will not affect judgement concerning your academic suitability for a course and will be treated confidentially.		
BLIND OR PARTIALLY SIGHTED USE A WHEELCHAIR OR HAVE MOBILITY DIFICULTIES		
DEAF OR HAVE IMPAIRED HEARING A MENTAL HEALTH DIFFICULTIES		
AUTISTIC SPECTRUM DISORDER/ASPERGER SYNDROME		
OTHER (Please give details)		

CRIMINAL CONVICTIONS			
Do you have any criminal convictions?	YES	NO 🗆	

DOCUMENTS		
Please check that you have included the following documents with this application:		
Transcript(s) of Studies	Certificates (Bachelor/Masters)	
English Language Test Results (if any)	2 References	
Research Proposal		

The University collects information about its students for various academic, administrative, health and safety reasons. The information is processed in accordance with the 1998 Data Protection Act, and is disclosed to third parties only with the individual's consent or to meet a statutory obligation. The information provided on this application form will be stored electronically and used for administrative purposes by the University.

DECLARATION		
I certify that the information provided is correct and I understand that the University will withdraw my application if any aspect is found to have been falsified. I consent to the processing of information provided on this form subject to the provisions of the Data Protection Act (1998).		
SIGNATURE:	DATE:	
When completed please return to: iraq-applications@nottingham.ac.uk		