



University of Brighton

Application for Admission as a Postgraduate Student

Read carefully the Notes for Guidance below before completing this form.
Complete the form using a typewriter or black ink

NOTES FOR GUIDANCE ON THE COMPLETION OF THIS FORM

- 1) The form should be completed using a typewriter or black ink as it will be photocopied by the University.
- 2) Before submitting you should check:
 - a) that you have completed fully all parts of sections 1-11;
 - b) that you have read and signed the declaration below.
- 3) The form should then be sent to: Academic Registry, Mithras House, Lewes Road, Brighton, East Sussex, United Kingdom, BN2 4AT (01273) 642618/642809
- 4) At the same time, you must arrange for two referees to send confidential letters of reference direct to the Administrative Assistant (Research Support Team) at the above address; at least one of these should be from an academic authority familiar with your studies; if you have been recently employed, the second reference should be from your employer. Failure to arrange for letters of reference to be sent promptly may result in your application being delayed.
- 5) If you already hold a degree or similar qualification then you should arrange for Form AR1 to be completed by the appropriate administrative authority of your previous university or college. Form AR1 may be submitted together with this form, or forwarded later. If you have not yet completed your present course you should arrange for the appropriate administrative authority to complete form AR1 and return it to this University as soon as possible after the final results are known.
If your degree is from an overseas institution then a transcript must be submitted.
- 6) If you are to be financially supported by a sponsor or another person whilst attending the course for which you have applied, and that support has already been agreed, you should enclose a copy of a letter of confirmation from the sponsor together with this form. If financial support is arranged after submitting this form, you should notify the Administrative Assistant immediately.
- 7) If you have not previously studied at the University of Brighton and your native language is not English, any offer of admission may be conditional upon achieving an acceptable score or grade in a recognised English Language Test. If you are in doubt consult the Administrative Assistant.
- 8) If you have any outstanding obligations or commitments to a current or former sponsor, employer or academic institution, then you should provide details in a separate letter.
- 9) From the list of statements below please enter in the box the code which is most appropriate to you. Describe your condition in Section 11 of the form and where it is not obvious indicate whether you have any special needs.
Codes: 0) You do not have a disability nor are you aware of any additional support requirements in study or accommodation. 1) You have dyslexia. 2) You are blind/partially sighted.
3) You are deaf/have a hearing impairment. 4) You are a wheelchair user/have mobility difficulties.
5) You need personal care support. 6) You have mental health difficulties.
7) You have an unseen disability eg diabetes, epilepsy. 8) You have two or more of the above disabilities/special needs. 9) You have a disability not listed above.
- 10) In section 10 you must include a written statement of 200 - 300 words about your intended field of study and you may include any additional information relevant to your application which is not included elsewhere on the form.
- 11) The information which you give on your application form will only be used for the following purposes:
 - a) To enable your application for entry to be considered
 - b) To enable the institution to compile statistics, or to assist other organisations or individual research workers to do so, provided that no information which would identify you as a person will be published
 - c) To enable the institution to initiate your student record

This form can be accessed by means of the University of Brighton's World Wide Web pages at <http://www.bton.ac.uk>
DECLARATION (Failure to sign the Declaration may delay processing your application)

- a) I certify that the statements made by me on this form are correct;
- b) I confirm that, if admitted to the University, I will conform to the University Regulations;
- c) I understand that, if admitted to the University, and if my funds should at any time during my course prove to be inadequate, the University will not be able to provide financial assistance either by grant or by remission of fees;
- d) I authorise the University to permit any thesis, dissertation, essay or project report arising from my work at the University to be consulted, borrowed or copied in accordance with University regulations;
- e) I confirm that I have no undisclosed obligation or commitments to any current or former sponsors or employers (see note 8 above).

Signature of Applicant _____

Date _____

1. Personal Details

Surname/Family Name (BLOCK Letters)		Title (Mr,Ms etc)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
All Other Names (BLOCK Letters)			Date of Birth Day Mth Year 	
Country of Birth	Nationality (if dual give both)	Date of Arrival in UK if from overseas		Day Mth Year
Present Address for Correspondence		Permanent Home Address (if different)		
Valid Until (date)		Day Mth Year 		
Telephone No: Fax No.		Telephone No: Fax No:		

2. School Leaving Qualifications

Title of Qualification	Subjects and Grades	School/College	Dates of attendance From m/y To m/y	

3. Higher Education

(Degrees, Diplomas etc. held or currently being taken)

Qualification	Title of Course	Date of award	Class of Honours	Institution	Dates of attendance From m/y To m/y	

4. Professional Qualifications

Name of Professional Body	Type or Class of Membership	Date attained m/y

5. Languages

Native Language(s)	English Language Test(s) taken or to be taken		
Other Language(s) - indicate level of proficiency	Name of Test	Score/Grade if known	Date of Test

6. Industrial or Professional Experience

Name and address of employer	Title of Post	Nature of Duties	Dates:	
			From m/y	To m/y

Continue on a separate sheet if required

7. Proposed Studies

Date Admission Desired Day Mth Year 		Registration Status Sought: tick as necessary <input type="checkbox"/> MPhil <input type="checkbox"/> MPhil/PhD <input type="checkbox"/> Other <input type="checkbox"/> Full - Time <input type="checkbox"/> PhD <input type="checkbox"/> Taught Masters <input type="checkbox"/> Part -Time		Date of any previous application: Mth Year <input type="checkbox"/> None	
First Choice Department: (Tick one box only) <input type="checkbox"/> Masters Taught <input type="checkbox"/> Research <input type="checkbox"/> Other	Dept Name	Course Title			
	Research Field (Continue on separate sheet if required)				
Second Choice Department (Tick one box only) <input type="checkbox"/> Masters Taught <input type="checkbox"/> Research <input type="checkbox"/> Other	Dept Name	Course Title			
	Research Field (Continue on separate sheet if required)				
Dates/Periods Available for interview (if any)					
Other institutions to which you have applied					

8. Referees (whom you have asked to send confidential letters of reference to the University)

1. Name and capacity in which known	Address
2. Name and capacity in which known	Address
Present Supervisor/Tutor (if any) Name	Address

9. Financial Support

Details of Sponsorship/Scholarship(s) already awarded to you in respect of your proposed study	
Name of Awarding Body	Award will cover (tick boxes)
1)	<input type="checkbox"/> Fees <input type="checkbox"/> Maintenance <input type="checkbox"/> Partial Cost _____
2)	<input type="checkbox"/> Fees <input type="checkbox"/> Maintenance <input type="checkbox"/> Partial Cost _____
Details of Sponsorship(s)/Scholarships for which you have applied and await a decision	
Name of Awarding Body	Value of Award-if known Date of Decision
1)	
2)	
3)	
4)	

If you do not have sponsorship or scholarship support will you still be able to support your proposed studies? Yes No

If previous answer was "yes", who will provide your financial support?
 Self Parent Other (Specify) _____

If you are to be accompanied by any dependants, give details:-

10. Proposed Area of Study & Additional Information

(Please include a 200 - 300 word statement of your intended area of study)

Continue on separate sheet if required

11. Disability/Special Needs

Please give details here if you have a physical or other disability or medical condition including any which might necessitate special arrangements or facilities (please consult Note for Guidance 9 before completing this section).

Disability Code

DO NOT WRITE BELOW THIS LINE - UNIVERSITY USE ONLY

HOD Comments	Quals		Date Received
			Refs
			SQ
			ELT Required
	AO Notes		Test / Score
			Interview
Decision Date 			
Departmental Decision(s)			
Accepted for Taught Course	Course Title	Signature	Date
Accepted for Research	Research Field/Name of Supervisor	Signature	Date
Proposed Registration	<input type="checkbox"/> None <input type="checkbox"/> Taught Masters <input type="checkbox"/> MPhil <input type="checkbox"/> MPhil/PhD <input type="checkbox"/> PhD		
Special Conditions	Academic	Finance	Other
Not Accepted for first choice	Course Title/Research field	Signature	Date
Not Accepted for sec. choice			



University of Brighton

Research Support Team
Academic Registry
Mithras House
Lewes Road
Brighton
United Kingdom
BN2 4AT

Form AR1

STATEMENT OF QUALIFICATIONS
In respect of postgraduate application

Note:

To be completed on behalf of the candidate
by the awarding university or other institute.

Surname _____ Other names in full _____

Degree or other qualification _____ Class of honours or final Grade Point Average* _____

Subjects passed _____

Date of Award _____ University or College _____

Official Stamp of certifying
authority

CERTIFIED This Statement to be signed by the Registrar or
appropriate officer from central administration
of awarding body

Signature _____

Designation _____

Date _____

*If an unclassified First Degree, a full transcript of subjects
taken and results obtained should be supplied



University of Brighton

Slide List

Please list your slides in the order you would like them to be viewed

Enclose this list with the slides

Name

Address

Slide No	Date	Dimensions and medium	Tile if any	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				



University of Brighton

List of items in portfolio

Please complete and enclose with your portfolio of work

Each item in the portfolio should also have attached to it an identifying label

Name

Address

Item Number

Brief Description



University of Brighton

**Research Support Team
Academic Registry
Mithras House
Lewes Road
Brighton
BN2 4AT**

Acknowledgement

Thank you for your application to Postgraduate Study at the University of Brighton

We will be contacting you again in due course

Research Support Team (Admissions)



University of Brighton

Applicants should pass a copy of this letter to each of their two referees after inserting below their own name and details of their proposed studies.

Dear Sir/Madam,

The person named below is applying to this University for admission as a postgraduate student and has named you as his/her referee.

We should be pleased to receive your confidential letter of reference and it would be helpful if you would include the following information:-

- a) If you knew the applicant as a student: details of academic performance and ranking order in final year, with an indication of whether you consider these details to be a true reflection of the applicant's abilities; and,
- b) If you are the applicant's present or former employer: an outline of responsibilities and an appraisal of competence and initiative.

We would value your opinion on:-

- c) the applicant's suitability for the chosen field of study,
- d) his/her aptitude for original work, and
- e) (for overseas students) an estimate of proficiency in English

Please detach the slip below, attach it to your letter of reference, and address your reply to:-

Research Support Team
 Academic Registry
 Mithras House
 Lewes Road
 Brighton
 United Kingdom
 BN2 4AT

To minimise postal costs references are acknowledged only if requested.

Please indicate if you would like an acknowledgement to be sent.

On behalf of the University may I take this opportunity to thank you for your assistance.

Yours faithfully,

P Reynolds
 Academic Registrar

Applicant's surname	Other Names:
*(I) for a taught masters:-	
Names of course:	Department:
Second choice:	Department:
*(II) for research	
Field of interest:	Department:
Second choice: (if any)	Department:
Proposed date of admission:	
*The applicant should complete (I) or (II) above	



University of Brighton

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(if any)	
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