



Undergraduate Programme Application Form

This form must be completed by candidates applying to register for undergraduate degrees and returned to the University of Wales, University Registry, King Edward the VII Avenue, Cardiff, CF10 3NS, at least one month before the commencement of study.
Email: registration@wales.ac.uk

Candidates for undergraduate programmes must meet the entry requirement outlined in the agreement document between the University of Wales and the Collaborative Centre.

Please indicate, by ticking the appropriate box, the basis of your admission to your undergraduate scheme of study:

Prior Qualifications Now complete section A, B, D, E & F	AND/OR	Relevant Responsible Experience Now complete section A, C, D, E & F	
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(A)

Forename:	
Surname: <i>as it appears in your passport and in the order you would like it to appear on your certificate</i>	
University Student Number:	
Title: <i>(Dr/Mr/Mrs/Ms/Miss etc.)</i>	Date of Birth: <i>(dd/mm/yyyy)</i>
Telephone Number: <i>(Including area code)</i>	E-Mail Address
Country of Residence:	Nationality:
Institution you will be studying at:	Address: The outcome of an application will be sent to the Collaborative Centre unless an application has been made independently
Title of Degree: <i>(e.g MA, MBA, MPhil, PhD)</i>	
Title of Course:	
Start Date of Course:	
Length of Course:	
Mode of Study: <i>(ie full-time, part-time)</i>	

(B) Please provide details of previous academic and professional qualifications (in order of the most recent first) - please attach a certified copy of the transcripts and certificates

Awarding Body & Country of Study	Dates Study Undertaken:	Title of Qualification:

(C) Age on first day of entry to undergraduate study years months

Please provide brief details of relevant professional experience in the space provided – please attach a full CV and references from previous employers

Date:	Position:	Responsibilities:

(D) English Speaking competence (for non UK applicants only) - please attach transcripts and certificates	
Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was English the language of instruction for the qualification you have most recently undertaken? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What English Language qualification do you have?	
Score/Grade (individual grades)	
Date of examination:	

(E) Passport and Visa (For non EU applicants only – please attach copy of complete passport, copies of current and previous visas).	
Passport Number:	Do you hold a valid UK visa? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date passport issued:	Type of current visa:
CAS Number:	Expiry date of current visa:

(F) I hereby confirm that the information held on this form is true and accurate.
Signature of Candidate.....Date.....

PLEASE ENSURE THE SPELLING AND ORDER OF YOUR NAME IS CLEAR AS THIS IS HOW IT WILL APPEAR ON YOUR CERTIFICATE