



UNIVERSITY OF LINCOLN

Your Postgraduate Application

We look forward to welcoming you to the postgraduate student community at the University of Lincoln. Our academic community is home to more than 1,000 postgraduate students from all around the world. We provide a bespoke small-group teaching experience where the focus is on you and preparing you for your future. We look forward to you joining us and invite you to contact us should you need help or advice with completing this application form for your postgraduate adventure.

This form is solely for use of the University of Lincoln for applications not handled by the Universities and Colleges Admissions Service (UCAS) or other clearing houses. Please read the accompanying Notes for Completion and Notes for Guidance before completing this form. For research applications e.g. Masters by Research or PhD, please also submit a copy of your research proposal. If you require any assistance with this please contact pgenquiries@lincoln.ac.uk.

1. Personal Details

Title (Mr, Mrs, Miss, Dr):

First names:

Surname/family name:

Date of birth: (DD/MM/YYYY)

/ /

Sex: Male Female

Existing student ID number, if you are currently
a student at the University of Lincoln:
(as it appears on university ID Card)

2. Contact Information

Correspondence address:

Home address (if different):

Postcode:

Postcode:

Mobile telephone no:

Mobile telephone no:

Email address:

Email address:

Tel number daytime (incl. code):

Tel number daytime (incl. code):

Tel number evening (incl. code):

Tel number evening (incl. code):

3. Further Details

Country of birth:

Nationality:

Country of permanent residence: (if different from your country of birth)

4. Disability Details

Please tick which of the following apply:

You do not have a disability nor are you aware of any additional support requirements in study or accommodation

You are deaf/have a hearing impairment

You have an unseen disability, e.g. diabetes, epilepsy, asthma

You have a specific learning disability such as dyslexia, dyspraxia or AD(H)D

You are a physical impairment or mobility issue e.g. wheelchair user

You have three or more of the listed disabilities

You have a social/communication impairment such as autistic spectrum disorder

You need personal care support

You have a disability that is not listed

You are blind/are partially sighted

You have a mental health condition e.g. depression

You have a disability that is not listed

5. Selected Course

Which course are you applying for?

Attendance: Full-time Part-time (Please note that part-time study is not available for international students)

Start date: October 2020 February 2021
(If applicable)

6. Additional Information

Personal statement:

Approximately 200 words.

Please summarise your academic interests and reasons for choosing your proposed course of study.

7. Qualifications

Highest qualification held:

Please tick the box that best describes the highest qualification you hold.

No formal
qualifications

Bachelors Degree

Recognised
access course

Master's

HNC/HND

Postgraduate
Certificate/Diploma

GCSE/GCE/CSE

Other:
(please specify)

Date obtained:
(DD/MM/YYYY)

/

/

Subject:

Institute obtained from:

Degree classification:

Qualifications:

Please only list your qualifications if your highest qualification is NOT an undergraduate qualification or higher.

Dates of
study

Name of educational
establishment
attended

Level
(first degree, higher
degree, or professional
qualifications)

Awarding body
(University or other
institution)/Subject

Result
(classification,
grades or bands)

8. Employment History (optional)

If your work experience is relevant to the course you are applying for, or if you are looking for your work experience to be considered in lieu of academic qualifications, then please list your relevant employment history here. Please include dates employed, name of employer, and a brief overview of the role you undertook.

9. Referees

References should be submitted with your application.

At least one of your referees should be able to comment on your most recent academic performance, if relevant.

Name of first referee:

Name of second referee (for Phd/research applicants only):

Address:

Address:

Postcode:

Postcode:

Telephone no:

Telephone no:

Email address:

Email address:

11. International Student Supplement (to be completed by overseas fee paying students only)

Agent details (to be completed by agent only)

Agent name:

Country of the branch:

(Mandatory field to be completed)

Agent email address:

Agent telephone number:

Language qualifications

Language qualifications:

(e.g. IELTS, PTE, GCSE)

Results/grades/marks:

Date obtained:

(DD/MM/YYYY)

/ /

Visa information

Have you resided in the country of permanent residence as stated above for the past three years or more?

(Please select as appropriate)

Yes

No

If "yes", for what purpose? (Please select as appropriate)

Study

Work

Family

Place of birth

Other

(please specify)

Do you require a student visa to study in the UK?

Yes No

If “yes”, have you previously studied in the UK?

Yes No

If “yes”, please give details below (Please attach a copy of your visa(s) to your completed application form)

Dates on visa

Valid from	Valid until	Course studied	Institution	Did you successfully complete this course?
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Have you ever had a visa refused?

Yes No

If “Yes”, please enter the date of refusal and the reason your application was refused

(Please also attach a copy of your visa refusal document to your completed application form)

Date of refusal: / /
(DD/MM/YYYY)

Criminal convictions

Have you ever been convicted of a relevant* criminal offence? (Please select as appropriate)

*Relevant criminal convictions are only those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving drugs, firearms, arson and terrorism. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant. However, certain courses, for example health or social work related, do not come under the Rehabilitation of Offenders Act and should therefore be declared.

Yes No

Tuition fees

Please state how your tuition fees will be funded

(Please select as appropriate)

Self Funded Sponsor Other
(please specify)

Additional information required for overseas fee paying students

Please check you have included the following items and return your completed application to the address noted on the front of this form:

Copy of highest qualification certificate

Copy of highest qualification transcript

Copy of English Language qualification(s) certificate(s) if English is not your first language

Copy of research proposal (if applying for a research degree)

If you will require a visa to enter the UK, please include a copy of your passport and a copy of any previous UK visa(s) or visa refusal documents

Should you require further details on the items to include, please contact the International Admissions team for additional guidance via telephone +44(0)1522 886677 or email intadmissions@lincoln.ac.uk.

Declaration

I confirm that to the best of my knowledge the information given in this form is correct and complete. I also understand that in accepting any offer of a place I might receive I agree to abide by the rules and regulations of the University of Lincoln. I also understand the terms and conditions of application specified in the prospectus, including that the University does not undertake any absolute obligation to provide educational services in the manner specified in the prospectus or in any other document. I will provide original certificates on or before enrolment to confirm my existing academic qualifications.

Signature:

Date:

Please return the completed form to:

pgenquiries@lincoln.ac.uk

Postgraduate Recruitment team
Communications, Development and Marketing
University of Lincoln, Minerva Building,
Brayford Pool Campus, Lincoln
LN6 7TS

T: 01522 886644