

ASSOCIATE STUDENT APPLICATION

Please complete in **block capitals** and return to:

Admissions, Registry
Birkbeck, University of London
Malet Street, London WC1E 7HX



Registry Use

Student Number:

(Registry use only)

REC'D

1 PERSONAL DETAILS

Surname/family name: _____ Title: Mr / Mrs / Miss / Ms / Dr (please circle)
First name(s): _____ Male / Female (please circle)
Address: _____ Date of birth: _____ DD/MM/YY

ACK'D

Postcode: _____
Telephone (Home): _____ Telephone (Mobile): _____
Email: _____ Telephone (Work): _____

CSE

Disability: If you have any disabilities or special needs that you would like to bring to the attention of your Admissions Tutor, please state them here.

FEESTAT

Occupation: _____
Nationality: _____ Country of permanent residence: _____
Country of residence during the last three years: _____

APPCAT

If you are **NOT** an EU/EEA National you must provide documentary evidence that you have the right to work in the UK on a full-time basis. This must be **EITHER** a copy of your passport with appropriate stamp **OR** a letter from the Home Office.

ETH

Note: Failure to enclose the appropriate documentation will delay your application

2 PROGRAMME DETAILS

Level of Study Undergraduate Postgraduate Research
Subject area of study _____
Module title(s) (if known): _____

NAT

COD

3 YOUR EDUCATION AND PROFESSIONAL TRAINING

Dates (mm/yy)	Institution/Trainer	Subject(s)/Course Title	Result/Grade

DIS

SDA

HQOE

4 YOUR ENGLISH PROFICIENCY (Associate student applications only)

Is English your first language (please tick one box only)? YES NO

OCC

If English is not your first language please provide evidence of your level of ability in spoken and written English, e.g. copy of English Language qualification certificate.

QUALSTAT

5 OTHER RELEVANT INFORMATION.

Please use this space to give reasons for wishing to study your chosen subject, or any other information that may be relevant.

6 DECLARATION

Applications are subject to College regulations on admissions. Any offer of admission to the College as a student of the College, whether made orally or in writing, is subject to confirmation that the applicant satisfies the relevant entry requirements and regulations for admission. Admission is conditional on the applicant undertaking to be bound by the relevant College and University regulations and to pay the prescribed fees.

Personal data

Information provided by and concerning applicants and students is held by the College in its original, electronic and other formats and is processed for the purposes of administration and management of applications, admissions, student records, student progress and support and for statistical purposes in accordance with relevant legislation, including the Data Protection Act 1998. It is a condition of the College's consideration of applications for admission and enrolment that such data will be held and processed. The declaration below must be signed in order for this application to be processed.

Declaration by applicant

1. I give my consent to the processing of my data by Birkbeck College.
2. In making this application for admission to the course named in Section 2, I acknowledge that any offer of admission I may receive is subject to the condition that I fulfil the relevant entrance requirements and that I provide, when asked to do so, original documentary evidence of holding the academic qualifications and of any other information listed above. If, having been admitted, I fail to fulfil that condition, I undertake to withdraw from the College.
3. I am over 18 years of age (as of 1/10/06).

Signature of applicant: _____ Date: _____

Acknowledgement: Please note, we can only acknowledge receipt of your application if you enclose an envelope or postcard stamped and addressed to yourself.

ADMISSIONS DECISION

Level of Study Undergraduate Postgraduate Research

Decision **Accept** **Reject** **Withdrawn**

Title of programme from which the student's modules units have been selected: _____

Number of modules units to be taken: 1 2

Title(s) of module(s): _____

Admissions tutor: _____ Signature: _____ Date: _____

Notes

Successful applicants will receive a formal offer letter and enrolment documents from the office of the Registrar.

For other information and advice on completing this form please contact the Registry on 020 7631 6307/6389/6390/6392.

STATISTICAL INFORMATION

SURNAME

FORENAMES

Information on this page is requested for the purpose of meeting national higher education statistical requirements as defined by the Higher Education Statistics Agency (HESA) and will also be used by the College for statistical and monitoring purposes. The data will be stored in confidence by the College Registry and will not be passed on to staff in the Department(s) in consideration of your application.

NATIONALITY

COUNTRY OF PERMANENT RESIDENCE

PREVIOUS UNIVERSITY STUDY. If you have been registered as a student at any **other** university since August 1994, please enter your Higher Education Statistics Agency number (HESA number or HUSID) if known.

ETHNIC ORIGIN. Please tick the code from the list below which best describes your ethnic origin. (The codes listed are those used in the 1991 Census.) Only applicants whose permanent residence is in the UK are asked to answer this question (*please tick one code only*).

- | | |
|---|---|
| <input type="checkbox"/> 11 White – British | <input type="checkbox"/> 34 Chinese or Other Ethnic background – Chinese |
| <input type="checkbox"/> 12 White – Irish | <input type="checkbox"/> 39 Other Asian background |
| <input type="checkbox"/> 19 Other White background | <input type="checkbox"/> 41 Mixed – White and Black Caribbean |
| <input type="checkbox"/> 21 Black or Black British – Caribbean | <input type="checkbox"/> 42 Mixed – White and Black African |
| <input type="checkbox"/> 22 Black or Black British – African | <input type="checkbox"/> 43 Mixed – White and Asian |
| <input type="checkbox"/> 29 Other Black background | <input type="checkbox"/> 49 Other Mixed background |
| <input type="checkbox"/> 31 Asian or Asian British – Indian | <input type="checkbox"/> 80 Other Ethnic background |
| <input type="checkbox"/> 32 Asian or Asian British – Pakistani | <input type="checkbox"/> 90 Not known |
| <input type="checkbox"/> 33 Asian or Asian British – Bangladeshi | <input type="checkbox"/> 98 Information refused |

Disability. Please tick the code from the list of statements below that is most appropriate to you.

- | | |
|---|--|
| <input type="checkbox"/> 00 You do not have a disability | <input type="checkbox"/> 05 You need personal care support |
| <input type="checkbox"/> 01 You have dyslexia | <input type="checkbox"/> 06 You have mental health difficulties |
| <input type="checkbox"/> 02 You are blind/are partially sighted | <input type="checkbox"/> 07 You have an unseen disability (e.g. diabetes, epilepsy, asthma) |
| <input type="checkbox"/> 03 You are deaf/have a hearing impairment | <input type="checkbox"/> 08 You have two or more of the above disabilities/special needs |
| <input type="checkbox"/> 04 You are a wheelchair user/have mobility difficulties | <input type="checkbox"/> 09 You have a disability not listed above |

If you have a disability that is likely to affect your studies in any way, you should discuss the practical implications of this at your interview. You are also invited to consult the Student Disability Co-ordinator, Mark Pimm, on 020 7631 6315 (minicom 020 7631 6630).

MARKETING INFORMATION

This form is optional, but your comments will help inform future Birkbeck information and marketing strategies. All data provided will be stored anonymously by the External Relations Department.

1. If you live in UK, please state your postcode:

If you do not live in the UK, please state your country of residence: _____

2. Date of birth: _____ DD/MM/YY

3. How did you hear about Birkbeck? (please select one or more of the following)

Advert in the press (please specify) _____

Website (please specify) _____

Course guide or directory (please specify) _____

Education fair Overseas agency (such as the British Council)

Tube or bus ad Friend or colleague

Other (please specify) _____

4. Please state your reasons for wanting to study at Birkbeck

Personal development Career development

Interest or hobby Other, please specify

5. What course do you intend to study? _____

6. What attracted you to this course of study? _____

7. How did you hear about this course? (please select one or more of the following)

Advert in the press (please specify) _____

Birkbeck course guide

Other course guide or directory (please specify) _____

Birkbeck website Other website (please specify) _____

Subject booklet Overseas agency (such as the British Council)

Birkbeck Open Evening Education fair

Friend or colleague

Other, please specify _____

8. Have you applied to any other university? If so, please specify. _____

(Please note: we will not make contact with any other university)

9. Are you a member of a professional and/or voluntary organisation(s)? YES NO

If YES, please specify _____

10 Do you subscribe to any publications, magazines, newspapers or websites? YES NO

If YES, please specify _____