

Application for Full-Time Study

Please complete and return this form to:
 University of Bolton, Ras Al Khaimah Campus
 Western International College
 P.O.Box: 16038
 Ras Al Khaimah - U.A.E.

Office use only

Consultation with:

Date

This application should be accompanied by attested photocopies of relevant documents, such as certificates of your academic qualifications. Please provide English language translations of these documents where appropriate.

Title of the course you want to apply to

Stage eg.
Year 1, Year 2

Start Date
(Month/Year)

Your full name (IN BLOCK LETTERS)

Your family name (IN BLOCK LETTERS)

Male	Female
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Your date of birth

Day	Month	Year
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Your age on 1st September
in the year of entry to the course

Year	Month
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Your home address

Address:	
Telephone (including code):	Fax:
E-mail:	

Address for correspondence (if different than the above)

Address:	Valid until (date):
Telephone (including code):	Fax:
E-mail:	

Education (from the age of 11 years onwards)

	Name of School/College/University attended	Course	Date from:	To:
Full-time				
Part-time				

Please list all the examinations (including any English language tests) **which you have taken since the age of 14 for which results are known:**

Awarding Body	Title of Examination	Subjects of Examination	Grade	Pass/Fail	Date of Award

Please list all the examinations which you have taken for which results are awaited. Also list any examinations which you may take in the near future:

Awarding Body	Title of Examination	Subjects of Examination	Date of Examination

Please give details of any employment or training you have undertaken.

Name & Address of Employer	Your Position	Description of Your Main Duties	Dates from:	to:

Please use the space below to give us any other information which you believe will support your application:

Statement of Purpose: Why you are choosing the programme of study.

You may continue on a separate sheet if you wish.

Fee Status

Country of birth	Nationality	Country of permanent residence
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Who will pay your tuition fees? (Please tick appropriate box)

Yourself	Family Member	Sponsor	Your Employer
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Please give the name and address of the person/organisation who will pay your fees, if not your self

Name: Address:

Do you have any disabilities or particular problems that might require special arrangement during your study at The University of Bolton, Ras Al Khaimah Campus, UAE

Yes	No
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If Yes, please give brief details

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Please give the name and address of one education referee

Name: Address:

I confirm that to the best of my knowledge the information given on this form is correct.

Your Signature:

Date:

For Office Use Only

Application Number:	Date Application Received	Online Study	Unconditional Offer/Conditional Offer/Reject
Sent to:		Date:	