Student Number (for office use only)



Swansea University
Application for research Scholarship within the College of Science

1. PERSONAL DETAILS							
Surname/Family Name Previous Surname/Family			Name (if relevant)	Name (if relevant) Other Names (in full)		Title	
Permanent Home Address				date	e month year	date month year	
Termanem Tieme / Idaress			Corresponden	ce Address: (From	/	To///	
		de:					
Telephone No. (including are	ea code):		Telephone No	. (including area code):	Postcode:		
Fax No. (inc. area code):							
			Fax No. (inc. a	rea code):			
Email address:							
Nationality	Country of	Permanent Residence	Date of Birth		Fi (if a	irst Language other than English)	
			/ /			-	
Passport Number (Non - E	uropean Union	Applicants only):			1		
UK/EU applicants:						For University	
Have you been resident (of your postgraduate stud		absences e.g., for holidays) YES □ NO □	in the EU for the	three years prior to th	e start date	use only	
If NO, please give further							
ii 140, piedse give idilliei	delalis.						
Non European Union A	nnlicanta cum	anthrin the FII.					
Non-European Union A On what date did you firs		-	onth: yec	ar.			
For what purpose?		33.0	, , , , , , , , , , , , , , , , , , ,	•••			
Tor writer perposes							
2. Scholarship Det	ails						
Title of Scholarship:							
Qualification aim				A 4 DI 11 -			
linked to scholarship (check box)	MRes 🗌	Masters By Resear	ch 📙	MPhil 🗌	PhD 🗌	EngD 🗌	
Date on which you would	Month:		Year:			Full or Part-time:	
wish to begin your research	MOHIII.		rear.			Ton Or Full lime.	
		ermits MPhil/PhD programmes to					

Have you previously applied for admission to Postgraduate stud	dies at Swansea?	YE	S 🗌	NO 🗆			
If yes, please give year of application							
Have you previously studied at Swansea?		YE	S 🗆	NO 🗆			
3. YOUR EDUCATION							
Please give details of your first degree (or equivalent qualifica	tion).						
Awarding Institution or Body:				For University use only			
Official Name of Qualification: (e.g. BA, Diplom, Maîtrise, Ptychion, etc)							
Subject(s):							
Result (if known): (e.g. class, GPA, etc)				_			
Date of Award:							
Name and full postal address of the institution at which you studied for your first degree:							
Dates of Attendance: From: Month	Ye	ear					
From: Month		ear					
NOTE: If you accept the offer to undertake postgraduate studie awarding institution direct to confirm the details of your degree		Vales Swansea, it will b	oe necessary	to contact the			
Higher Degrees and/or Professional Qualifications.							
Title(s)			Date(s) of	Award(s)			
(6)			3 3.3(0) 3.				
Name of the institution or awarding body.							
Name of the institution or awarding body:							
If this space is not sufficient, you may attach an additional sheet to your application form.							
English Language Proficiency – applicable only if your first language is not English							
Please give IELTS, TOEFL or CPE score. Copies of the relevant certificates need to be attached.	For University use only	Use this space to inc	rough the m	edium of English			
Name of test:		or to add any further information regard English Language proficiency		regarding your			
Score:							
Date of most recent test:							
Date of forthcoming test:							

You may be required to undertake further studies in English before you commence your postgraduate course

4. EMPLOYMENT INFORMATION						
Please give details of any current/previous employment history (with dates) which may support your application. In addition to the completed application form, you may include a typewritten curriculum vitae.						
Name and address of employer (please state country if outside the uk)	Start date (month/year)	End date (month/year)	Position held and main duties (please state whether full or part-time)			
5. SUPPLEMENTARY PERSONAL STA	TEMENT					
Please use this space to add information that is r		ation.				
6. REFERENCES						
Name:						
Address:		Address:				
Position:		Position:				
Email address:		Email address:				

7. DISABILITY/SPECIAL N	IEEDS					
Please tick the appropriate box if y The information may be used to ma					facilities or treatment.	
0 No disability			6 You have mental he	ealth difficulties		
1 You have a specific learning diff	iculty (e.g. dyslexia)		7 You have a disabil	ty that cannot be seen		
2 You are blind or partially sighted	You are blind or partially sighted [e.g. diabetes, epilepsy or a heart condition]					
3 You are deaf or hard of hearing 8 You have two or more of the above						
4 You use a wheelchair or have mobility difficulties 9 You have a disability, special need or medical						
T You have Autistic Spectrum Diso	T You have Autistic Spectrum Disorder or Asperger Syndrome Condition that is not listed above					
8. DATA PROTECTION AC	T					
The University requires the informat with the University's enrolment and			and your personal da	ta will be processed in a	ccordance	
9. DECLARATION						
Criminal Convictions						
Do you have any criminal convictions? (See notes of guidance) I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided.						
Signature of Applicant:				Date:		
	Please return to cont	act liste	d on scholarship	advert		
FOR UNIVERSITY USE	ONLY					
DEPARTMENTAL DECISION	Accept Conditional 🗆	Accep	nt Unconditional 🗆	Reject 🗌		
(please check box)				Please provide reason[s]	in comments box below	
Conditions/Comments:						
Name of University subject/prog (ie. Ph.D. in Civil Engineering, M		ng)				
Advisory note from Admissions:						
Is the applicant a member of staff at University of Wales Swansea? Yes* No* (*tick box)						
For Research Students only:	Name of anticipated superv	visor(s):				
Recommended period of Enrolme (e.g. 36 months)	nt					
Bench Fees (where applicable)						
Name of Admissions Tutor: Signature of Admission			ions Tutor:	Date:		
For Admissions Office use only						
Date Application Received by co	*		Date Application re	eceived by Admissions:		
Daio Application Received by CO			Daio Application 16	scorved by Admissions.		