

APPLICATION FOR POSTGRADUATE STUDY AND RESEARCH



When completed the form should be returned to:
 The Postgraduate Admissions Office
 Recruitment and Admissions Service
 Heriot-Watt University
 Edinburgh
 EH14 4AS, UK

Application Reference Number																		FOR INSTITUTION USE ONLY
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Course Code					FOR INSTITUTION USE ONLY
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1. Current/Previous HESA Number (applies only if you have attended a UK College or University previously)																	
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PERSONAL DETAILS

2. Family name (i.e. surname)	Other names
3. Title (Please circle) Dr Mr Mrs Ms Miss Other _____	4. Date of Birth (format e.g. 23 - 06 - 70) Day _____ Month _____ Year _____
5. Sex (Please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>	6. Marital status (Please tick) Single <input type="checkbox"/> Married <input type="checkbox"/>
7. Country of birth	8. Nationality
9a. Country of Permanent residence if not UK applicant _____	10a. If your country of permanent residence is the UK please give dates of commencement of residence or state "from birth"
9b. County of Permanent residence if UK applicant _____	10b. Ethnic background <input type="checkbox"/> See Guidance Notes for appropriate code
	11. Disability/Medical Condition/Special Need <input type="checkbox"/> See Guidance Notes for appropriate code
12a. Permanent home address _____ _____ _____ Postcode _____ Telephone No _____ E-mail address _____	12b. Correspondence address, if different (Remember! you MUST advise us if this changes) _____ _____ _____ Postcode _____ Telephone No _____ E-mail address _____

INTRODUCTION DETAILS

13. What was the main source of the information which led you to find out more about study at Heriot-Watt University?
Please tick one box only.

Careers Service	<input type="checkbox"/>	World Wide Web	<input type="checkbox"/>
Your University Teachers	<input type="checkbox"/>	Recruitment fair (please give details below)	<input type="checkbox"/>
Heriot-Watt staff	<input type="checkbox"/>	location: _____ date: _____	
Friends or family	<input type="checkbox"/>	CRAC directory of graduate studies	<input type="checkbox"/>
Employer	<input type="checkbox"/>	PROSPECTS postgraduate courses UK	<input type="checkbox"/>
British Council	<input type="checkbox"/>	Recruitment agent	<input type="checkbox"/>
Professional Body	<input type="checkbox"/>	Newspaper ad. (please give details)	<input type="checkbox"/>

How did you obtain a copy of the postgraduate prospectus? _____

FINANCIAL DETAILS

14a. Give details of any grant/scholarship which has **already been awarded** to you for your proposed study.

14b. Give details of any application for a grant/scholarship which you **have made** or **would wish to make**.

14c. Name and Address of person (or Company) who will pay fees and maintenance costs (if no grant/scholarship arranged). Please supply statement of financial guarantee.

15a. Are you a member of staff of Heriot-Watt University? YES NO

15b. Are you the spouse or child of a member of staff of Heriot-Watt University? YES NO

If the answer to 15b is yes, state the name of the staff member

PREVIOUS ACADEMIC INFORMATION

16. DEGREES / DIPLOMAS / OTHER QUALIFICATIONS

NAME OF UNIVERSITY/COLLEGE/ INSTITUTION	FROM	TO	TITLE OF QUALIFICATION	CLASS OF DEGREE	DATE AWARDED	DATE <u>TO BE</u> AWARDED

17. Please give details of subjects studied for above qualifications which are relevant to your proposed course of study. In addition, please give title of any dissertation or project undertaken. PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.

18. PROPOSED PROGRAMME AND METHOD OF STUDY

Before completing this section, candidates are advised to consult The Guide to Postgraduate Study and Research to confirm that the proposed programme and method of study are offered by the University and at the required site. **Please tick one box in each line as appropriate and enter other information in full. (Taught courses on campus begin in October.)**

Field / Subject of study or name of course	School
Nature of study	By research <input type="checkbox"/> By course <input type="checkbox"/>
Method of study	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Off campus / distance learning <input type="checkbox"/>
Proposed year of entry	Proposed date of entry

PROPOSED AWARD Please tick the appropriate box below

RESEARCH DEGREES	PhD <input type="checkbox"/>	EngD <input type="checkbox"/>	MPhil <input type="checkbox"/>		
TAUGHT COURSES	MSc <input type="checkbox"/>	GRAD Certificate <input type="checkbox"/>	GRAD Diploma <input type="checkbox"/>	DBA <input type="checkbox"/>	MDes <input type="checkbox"/>
	MBA <input type="checkbox"/>	MURP <input type="checkbox"/>	PG Diploma <input type="checkbox"/>	PG Certificate <input type="checkbox"/>	
Is your course integrated with English language?	YES <input type="checkbox"/> NO <input type="checkbox"/>				

19. Please give details of the proposed area of research . (To be completed by intending Research students only.)	
20. If your native language is not English give details of English language qualifications held e.g. TOEFL where the minimum score is 213.	
21. Please give details of any other information, including relevant work experience, which is important to your application. For some courses work experience is essential. Please state whether work was full-time or part-time and give dates, job titles and principal responsibilities. Continue on another sheet if necessary.	
22. Please indicate your current position in employment or training. You may also give an indication of why you are interested in this study.	
23. REFERENCES - Please supply the names of two academic referees who are thoroughly familiar with your academic work and personal qualities. Applicants with relevant full-time work experience may use their current employer as one of the referees. Note: it avoids delays in the processing of your application if you check in advance that your referees are available to be contacted.	
NAME	JOB TITLE
ADDRESS	
TELEPHONE NO.	E-MAIL (IF AVAILABLE)
NAME	JOB TITLE
ADDRESS	
TELEPHONE NO.	E-MAIL (IF AVAILABLE)
I understand and accept that the information contained in this application will be logged on a computer database and that it may be passed to concerned third parties for the purpose of processing and considering my application.	
The completed form together with documentary evidence should be submitted to: The Postgraduate Admissions Office, Recruitment and Admissions Service, Heriot-Watt University, Edinburgh, EH14 4AS, UK	
Signature of Applicant	Date

REMINDER: HAVE YOU INCLUDED THE FOLLOWING DOCUMENTS?

- | | |
|---|--------------------------|
| 1. OFFICIAL DOCUMENTARY PROOF OF DEGREES, DIPLOMAS AND OTHER QUALIFICATIONS | <input type="checkbox"/> |
| 2. ACADEMIC REFERENCES PARTICULARLY IF THEY RELATE TO THE PROPOSED SUBJECT OF STUDY | <input type="checkbox"/> |
| 3. COPIES OF ANY PAPERS PUBLISHED | <input type="checkbox"/> |
| 4. STATEMENT OF FINANCIAL GUARANTEE OR DETAILS OF AWARD | <input type="checkbox"/> |

REPORT BY HEAD OF SCHOOL**OFFER TO BE MADE TO STUDENT**

Proposed date of entry	Course code		
Field / Subject of study or name of course	Year of Study (if not first year)		
Nature of study	By research <input type="checkbox"/>	By course <input type="checkbox"/>	By Course and Research <input type="checkbox"/>
Method of study	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Off campus / distance learning <input type="checkbox"/>
Period of study (Months)			

PROPOSED AWARD PLEASE TICK THE APPROPRIATE BOX

PhD <input type="checkbox"/>	MSc <input type="checkbox"/>	MDes <input type="checkbox"/>	MBA <input type="checkbox"/>
MPhil <input type="checkbox"/>	PG Diploma <input type="checkbox"/>	GRAD Certificate <input type="checkbox"/>	DBA <input type="checkbox"/>
EngD <input type="checkbox"/>	PG Certificate <input type="checkbox"/>	GRAD Diploma <input type="checkbox"/>	MURP <input type="checkbox"/>

COMMENTS ON PROPOSED COURSE (Bench fees, Place of study, etc)
CONDITIONS TO BE MET BY STUDENT BEFORE ENTRY (please tick as appropriate)

A	Need for further study. Please specify	<input type="checkbox"/>
B	Need for Completion of present course. State minimum award for entry.	<input type="checkbox"/>
C	Need for guarantee of adequate financial support. Note: this is a requirement for all students. OFFERS MADE WILL NOT BE "UNCONDITIONAL" UNTIL THIS REQUIREMENT IS MET AND EVIDENCE PROVIDED.	<input type="checkbox"/>
D	Need for further references. Please specify from whom.	<input type="checkbox"/>
Any others. (Please detail)		

RECOMMENDATION (please circle as appropriate)

I recommend that the application be	
1. Accepted 2. Accepted on the conditions specified above 3. Not accepted	
Signature of Head of School Or Authorised Signatory	Date