**SECTION A: PERSONAL DETAILS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname / Family name:</td>
<td></td>
</tr>
<tr>
<td>First Name(s):</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Dr □ Mr □ Ms □ Miss □ Mrs □</td>
</tr>
<tr>
<td>Date of birth:</td>
<td></td>
</tr>
<tr>
<td>Place of birth:</td>
<td></td>
</tr>
<tr>
<td>Nationality:</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td></td>
</tr>
<tr>
<td>Address for correspondence:</td>
<td></td>
</tr>
<tr>
<td>Permanent Address (if different):</td>
<td></td>
</tr>
<tr>
<td>Zip/Post Code:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>e-mail:</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION B: PROPOSED PROGRAMME OF STUDY**

- I wish to follow the course leading to:  
  - Bachelors
  - Bachelors / Masters (combined)
  - Masters
  - Masters / Doctorate (combined)
  - Doctorate

- Proposed date of commencement: / / /200

**SECTION C: PROPOSED SOURCE OF FUNDING**

- Self □ Scholarship □ Company □ Other (please specify):
SECTION D: ACADEMIC QUALIFICATIONS & ENGLISH LANGUAGE KNOWLEDGE

1. ACADEMIC QUALIFICATIONS

Please provide details, including results of all secondary level qualifications taken or to be taken:

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Awarding Body (School, Institution)</th>
<th>Grade/Score/GPA</th>
<th>Date of Award</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. ENGLISH LANGUAGE KNOWLEDGE AND QUALIFICATIONS

Please provide details, including results of all English language qualifications taken or to be taken:

Was your previous education undertaken through the medium of English?  
Yes ☐  No ☐

If no please state the language in which you were educated: ..........................................................

Please state your first spoken language (mother tongue): ..........................................................

Please indicate and attach details of any English Language qualifications which you possess (attachment of a copy of qualification(s) is compulsory): ..........................................................

Certificate to be Acquired (Please give details of Certificates to be acquired or for which you are awaiting results): ..........................................................

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Awarding Body (School, Institution)</th>
<th>Grade/Score/GPA</th>
<th>Date of Award</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. OTHER QUALIFICATIONS

Please give other details of any seminars or courses you have attended and other languages, computer skills, etc.

.......................................................................................................................................................... 
.......................................................................................................................................................... 
..........................................................................................................................................................

SECTION E: PROFESSIONAL AND EMPLOYMENT EXPERIENCE

Please give details of any work experience you have:

<table>
<thead>
<tr>
<th>Name of Organisation</th>
<th>Location/Dept.</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION F: DISABILITY
Please choose from the list below the statement which is most appropriate to you:

- ☐ You do not have a disability nor are you aware of any additional support requirements
- ☐ You have dyslexia
- ☐ You are blind / partially sighted
- ☐ You are deaf / have a hearing impairment
- ☐ You are a wheelchair user / have mobility difficulties
- ☐ You need personal care support
- ☐ You have mental health difficulties
- ☐ You have an unseen disability (e.g. diabetes, epilepsy, asthma)
- ☐ You have two or more of the above disabilities / special needs
- ☐ You have a disability not listed above

Does your disability mean that you have additional support needs? Yes ☐ No ☐

SECTION G: EQUAL OPPORTUNITIES
Please choose the term which you feel most describes your ethnic origin:

- ☐ Greek
- ☐ White – other background
- ☐ Black African
- ☐ Black – other background
- ☐ Asian – Indian
- ☐ Asian – Pakistani
- ☐ Asian - Bangladesh
- ☐ Chinese or other ethnic background – Chinese
- ☐ Chinese or other ethnic background – Asian
- ☐ Mixed – White and Black Caribbean
- ☐ Mixed – White and Black African
- ☐ Mixed – White and Asian
- ☐ Mixed – other background
- ☐ Other ethnic background

SECTION H: INTERESTS AND HOBBIES
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

SECTION : SIGNATURE OF CANDIDATE
I hereby confirm that all the above-mentioned information is true and accurate. I have read the regulations and I agree to abide by the rules.

Date…………………………………………. Applicant signature……………………………………..

FAX TO:
LAFAYETTE UNIVERSITY
Office of Admissions
http://lafayette.uni-edu.org

- United States (877) 315-9594
- London, UK +44 087 1433-6581
- Munich, Germany +44 089 2443-34735
- Verona, Italy +44 045 6163-1156