

LAFAYETTE UNIVERSITY

APPLICATION FORM FOR ADMISSION (Undergraduate / Graduate)

SECTION A: PERSONAL DETAILS

Surname / Family name:.....	Affix a current photograph and submit three loose
First Name(s):.....	
Title: Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/>	

Date of birth :.....Place of birth:.....Nationality.....Sex:.....

Address for correspondence:	Permanent Address (<i>if different</i>):
Zip/Post Code:..... Telephone Number:..... Fax Number:..... e-mail:.....	Zip/Post Code:..... Telephone Number:..... Fax Number:..... e-mail:.....

SECTION B: PROPOSED PROGRAMME OF STUDY

I wish to follow the course leading to: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr><td>Bachelors</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Bachelors / Masters (combined)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Masters</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Masters / Doctorate (combined)</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Doctorate</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Bachelors	<input type="checkbox"/>	Bachelors / Masters (combined)	<input type="checkbox"/>	Masters	<input type="checkbox"/>	Masters / Doctorate (combined)	<input type="checkbox"/>	Doctorate	<input type="checkbox"/>
Bachelors	<input type="checkbox"/>									
Bachelors / Masters (combined)	<input type="checkbox"/>									
Masters	<input type="checkbox"/>									
Masters / Doctorate (combined)	<input type="checkbox"/>									
Doctorate	<input type="checkbox"/>									
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:

Qualifications	Awarding Body (<i>School, Institution</i>)	Grade/Score/GPA	Date of Award
.....
.....
.....

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*).....

Qualifications	Awarding Body (<i>School, Institution</i>)	Grade/Score/GPA	Date of Award
.....
.....
.....

3. OTHER QUALIFICATIONS

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

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SECTION E: PROFESSIONAL AND EMPLOYMENT EXPERIENCE

Please give details of any work experience you have:

Name of Organisation	Location/Dept.	Dates
.....
.....
.....

SECTION F: DISABILITY

Please choose from the list below the statement which is most appropriate to you:

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

<input type="checkbox"/> Greek <input type="checkbox"/> White – other background <input type="checkbox"/> Black African <input type="checkbox"/> Black – other background <input type="checkbox"/> Asian – Indian <input type="checkbox"/> Asian – Pakistani <input type="checkbox"/> Asian - Bangladesh	<input type="checkbox"/> Chinese or other ethnic background – Chinese <input type="checkbox"/> Asian – other background <input type="checkbox"/> Mixed – White and Black Caribbean <input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/> Mixed – other background <input type="checkbox"/> Other ethnic background
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SECTION H: INTERESTS AND HOBBIES

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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**