

Application reference	
For Office use only	

Application for Postgraduate Study

Please type or print clearly in black ink.

	1. Programme of study applied for	
Please attach a passport photograph here	Course name / proje or IMP Education)	ect title / research area of interest: (do not use this form for PGCE
	Full time	Part time (normally UK/EU applicants only)
	Start date (month/	· · · · · · · · · · · · · · · · · · ·
2. Personal detai	ls – full names as sho	own on passport
Family name/surnam		First/given name:
Title (Dr, Mr, Mrs, Ms	, etc):	Professional registration (eg NMC, HPC):
Gender: Male	Female	Date of birth:
Country of birth:		Nationality:
Passport No:	u A vian da nduvski in din s 1917	Have you previously applied or been a student at Plymouth University before? If yes, quote ref no. given.
Yes	r 4 visa to study in the UK No □	Yes (registration no.:
		No 🗌
Country of permaner	nt residence:	
3. Residence		
	in the Ell places state De	
	in the EU please state Pas	
Date of arrival in the	UK:	Passport expiry date:
4. Address detail	S	
Permanent home add		Address for correspondence (if different
		from home address), eg overseas agent
Postcode:		Postcode:
Country:		Country:
Telephone:		Telephone:
E-mail:		E-mail:
For office use onl	V	
	,	

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Is English your first language Please list any formal English		No 🗌 ELTS, TOEFL, GCE, GCS	SE, etc).	
English qualification (including Examining Body)		Result/score	Date taken	
6. Educational qualificat Please give details of your ma		s to be considered for	entry (BSc, BA, MSc, etc.)). List in reverse
chronological order giving most recent first. Please attach transcripts and/or certificates together with this application form or indicate when you are expecting these if currently studying.				dying.
Qualification Title	Grade or Class	Name of Instituti	ion Awarding Bo	dy Date of Award
7. Professional and other qualifications				
Please give details of any professional qualifications held and specify whether obtained by examination, exemption from examination, or by other means. List in reverse chronological order giving most recent first. Please attach certificates together with this application form.				
Qualification Title		Awarding Body	Dat	te of Award

5. English language requirements

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8. Additional Information / Personal Statement

Please use this space to provide any additional information that you might feel is relevant. For taught courses, please state your reasons for choosing the course (please indicate the names of staff you may have been in contact with).

If applying for a Masters degree in the Faculty of Science and Technology, please use this section to outline your scientific interests, what you want to get out of the course, and what you hope to do upon completion of the degree.

Research applicants (MPhil/PhD/Integrated PhD) should state in which research areas or specific projects offered by the department they are interested. You should include the following information:

- Aims of research project
- Theoretical/conceptual background
- Proposed research design and method
- Key references
- Alternatively you may attach your proposal as separate sheets

If replying to an advertisement a post reference is sufficient.

Students applying for research in areas related to Arts & Design or for the taught MA Fine Art should also include visual evidence with the application form (slides, CD rom, etc.) and a 500 word project proposal.

Students applying for a Creative Writing course, please include a portfolio of written creative work.

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8. Personal Statement (cont.)	

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9. Funding information	on				
Who will pay your fees?					
You or your family	Government body	Employer	Other		
Please provide details: (If appropriate attach con	Sponsorship firmation to your application	o applied for?	Approved?	? 🗌	
Contact name:					
Company/Organisation:					
Address:					
Postcode:					
Country:					
Telephone: Email:					
Are you a Plymouth Unive	ersity staff member? No	☐ Yes ☐ (if	yes please indicate	e: FT 📗	PT <u></u>)
10. Employment and	experience				
Please give details below List in reverse chronologi	of employment including	ent first.	held with present of	employer.	
Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	·		
Please give details below List in reverse chronologi	of employment including ical order giving most rece V/résumé in addition to thi	ent first.	of post	employer. Dates From	То
Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	of post	Dates	То
Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	of post	Dates	То
Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	of post	Dates	То
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Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	of post	Dates	То
Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	of post	Dates	То
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Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	of post	Dates	То
Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	of post	Dates	То
Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	of post	Dates	То
Please give details below List in reverse chronologi (Note: please include a C	of employment including ical order giving most rece V/résumé in addition to thi	ent first. s information).	of post	Dates	То

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11. Referees		
Please give details of two referees below. Please forward the enclosed reference forms to your two referees, asking them to return them to you and to sign across the seal. Return these sealed references with your application.		
Name:	Name:	
Position:	Position:	
Company/Organisation:	Company/Organisation:	
Address:	Address:	
Postcode:	Postcode:	
Country:	Country:	
Telephone:	Telephone:	
Email:	Email:	
12. Availability for interview		
Where it is feasible to do so, some departments like to interview applicants before recommending admission. This may be a telephone interview. Please indicate any periods when you may not be available:		
13. Criminal convictions		
If you have a relevant criminal conviction please tick box. Relevant criminal offences include convictions, cautions, admonitions, reprimands, final warnings, bind over orders or similar involving one or more of those listed below: Any kind of violence including (but not limited to) threatening behaviour, offences concerning the intention to harm or offences which resulted in actual bodily harm Offences listed in the Sex Offences Act 2003 The unlawful supply of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking Offences involving firearms Offences involving arson Offences listed in the Terrorism Act 2006 If your conviction involved an offence similar to those set out above, but was made by a court outside of Great Britain, and that conviction would not be considered as spent under the Rehabilitation of Act 1974, you should tick the box.		
	tion given in this form is correct and complete. I	
I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I understand that the decision to offer me a place rests solely with Plymouth University and is not subject to appeal. I understand that if I am offered a place on the programme, I agree to abide by the rules and regulations of Plymouth University.		
Signature of applicant:	Date:	
Please return the completed application form in a seale	d envelope to:	
Plymouth University, Postgraduate Admissions Office, Drake Circus, Plymouth PL4 8AA, United Kingdom		

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15. Application checklist	
Please ensure you have enclosed the following items with this application form	
(incomplete applications will not be processed):	
Copies of degree certificate(s) and transcript(s) (if appropriate)	
Copies of certificate(s) for professional qualifications (if appropriate)	
IELTS/TOEFL score slip or date when test to be taken (if appropriate)	
Two references	
Passport photograph	
CV/résumé	
Proof of sponsorship	
Visual evidence (for Art & Design students)	
Portfolio of written creative work (for Creative Writing students)	

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Plymouth University
Postgraduate Admissions Office
Drake Circus
Plymouth
PL4 8AA
United Kingdom

Tel: +44 (0)1752 585858

E-mail: admissions@plymouth.ac.uk

www.plymouth.ac.uk

If you would require any part of this document in an alternative format, please contact the above:

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Application for Postgraduate Study Ethnic and Disability Monitoring Forms

IMPORTANT: PLEASE NOTE

Thank you for making this application. In order to ensure that we are fair and consistent in our selection and monitoring procedures and so that we can monitor how well we meet our legal requirements, it is the policy of the University to require an Application Form and a Monitoring Form to be completed wherever possible.

Plymouth University recognises the benefits of having a diverse community of staff and students and as such is fully committed to equal opportunities. The information you provide will be treated in accordance with Plymouth University's Data Protection Act Collection Notice – "Personal Information and Data Protection". It will not be taken into consideration for your application.

Tick the boxes within the fields to complete the form.

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Religion:
None
☐ Buddhist
☐ Hindu
Jewish
☐ Muslim
☐ Sikh
Christian (inc. Church of England, Catholic, Protestant and all other Christian denominations)
Any other religion
Do not wish to answer
As a requirement of the Race Relations Amendment Act (2000) we need to know your ethnic origin for the purpose of monitoring equality of opportunity to all ethnic groups, highlighting possible inequalities and enabling the implementation of action to remove any barriers and discrimination.
Please select from the categories below - these categories are approved by the Commission for Racial Equality and the Higher Education Statistics Agency:
White:
[10]
Mixed:
[41] White and Black Caribbean
[42] White and Black African
[43] White and Asian
[49] Any other mixed background
Asian or Asian British:
[31] Indian
[32] Pakistani
[33] Bangladeshi
[39] Any other Asian background
Black or Black British:
[21] Caribbean
[22] African
[29] Any other Black background
Chinese or other ethnic group:
[34] Chinese or any other Chinese background
[80] Other ethnic background
[90] Not known
[98] Do not wish to answer

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Application for Postgraduate Study Disability Monitoring Form

Dear Applicant

IMPORTANT: PLEASE NOTE

If you have a disability

The University is very supportive of students with disabilities, and year-on-year we are making adjustments to assist students with special arrangements. It may be that we have already put in place changes which will assist you – but unless we know what your needs might be, we cannot guarantee that that will be the case. If we can identify your needs sufficiently far in advance, of when you intend to start a course at the University, we are better able to put in place appropriate arrangements – or, if there is a health and safety issue or an issue about the expectations of students on the course, to advise you on alternative options. However, we may not be able to do so if we do not know in advance.

Please tell us about your disability

Please tell us about your disability, if you have one, by completing and returning the Disability Monitoring Form with your Application for Postgraduate Study. Please note that <u>all</u> offers are made on academic grounds.

You may be asked for additional information or invited to attend an interview with Disability Assist Services. This is in order that we can properly assess your individual needs and ensure that we have the best possible chance of meeting them. Please do provide any information requested and come in to see staff if asked to do so, since otherwise you – and we – could find ourselves in a position in which it is difficult or even unsafe for you to take up your place.

If you choose not to tell us about your disability

You may not wish to disclose your disability at this point. However, we may not be able to meet your individual needs if we do not have the opportunity to assess them in advance, and that could impact on your experience of the course or even your ability to take up your place.

You may feel that you would prefer to speak to someone confidentially about disclosure or that you require further information to help you decide. If this is the case, please telephone +44 (0)1752 587676 or email Disability ASSIST Services on **das@plymouth.ac.uk**

So please tell us about any disability – even if you do not think it will affect you while you are at the University – and respond positively to any requests for further details or for an information interview. If you do not do so, you may find yourself unable to take up your place or unable to complete the course because we have not been able to adequately to meet your particular needs.

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Personal Details:	
1. Last / Family Name:	2. First Names:
3. Date of Birth:	4. Nationality:
5. Gender:	6. Are you married?
Male Female	Yes No
Disability:	
7. Please tell us if you have a disability, medical condition	on or dyslexia. Please select one of the following:
[A] No disability	
[B] You have a social/communication impairment	t such as Asperger's syndrome/other autistic
spectrum disorder	
[C] You are blind or have a serious hearing impair	rment
[D] You are deaf or have a serious hearing impair	rment
[E] You have a long standing illness or health con	ndition such as cancer, HIV, diabetes, chronic
heart disease, or epilepsy	
[F] You have a mental health condition, such as d	•
[G] You have a specific learning difficulty such as	
	sues, such as difficulty using your arms or using
a wheelchair or crutches	
[I] You have a disability, impairment or medical of	
[J] You have two or more impairments and/or dis	sabling medical conditions
8. Do you receive Disabled Students' Allowance (DSA)?	
[4] I have a disability and am in receipt of DSA	
[5] I have a disability but do not receive DSA	
[9] I have a disability but have not applied for DS.	A
Disability Disclosure:	
YES	
I agree to relevant information about my disability and/o	or support arrangements being disclosed to those
lecturing and administrative staff who have a need to know	, ,
In the event that I do not take up a place I understand that	at this information will be shredded within a
reasonable period.	
Signature:	Date:
NO	
I do not agree to disclosure about my disability and unde	erstand that this may limit the support I receive.
I agree to inform Disability Assist Services if I reconsider	uns decision.
Signature:	Date:

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Reference in Support of an Application for Postgraduate Study

NOTE TO APPLICANTS

Please complete sections 1-3 yourself, (section 3 with your address) and then pass to one of your referees. Note that we require two completed reference forms (from two academic members of staff or one from an academic member of staff and one from your present or past employer) in order to process your application.

Application reference	
For Office use only	

PLYMOUTH UNIVERSITY

Reference in Support of an Application for Postgraduate Study

Note to applicants: please complete sections 1-3 yourself, and then pass to your referees. Note that we need two completed reference forms in order to process your application.

1. Applicant's full name	
Family name/surname:	Title (Dr, Mr, Mrs, Ms, etc):
First/given name:	
2. Programme of study applied for / research area	
3. Return address for completed reference form	
Sections 4-6 to be completed by the referee	
4. Referee's details	
Full name:	
Position:	
Organisation/Company:	
Address:	
Postcode:	
	Seal or stamp of institution/organisation
Country:	institution/organisation
Telephone:	
Email:	

5. Qualities of the candidate
How long have you known the applicant?
In what capacity do you know the applicant?
If you have taught the applicant, what subject? (if the applicant has not yet graduated, please indicate what class or grade of degree you expect them to obtain)
Would the applicant be eligible to proceed to higher degree study in your University?
Postgraduate taught: Postgraduate research:
In the case of an application for a research degree, do you consider the applicant to have sufficient background knowledge of the subject proposed to proceed directly to independent research with guidance from an academic supervisor or would the applicant be better suited to a taught programme?
Please give your written reference here or attach a statement on official headed paper. Include major abilities, strengths and skills (please continue on a separate sheet if necessary).
6. Referee's declaration I confirm that, to the best of my knowledge, the information given in this form is correct and complete.
r commin that, to the best of my knowledge, the information given in this form is correct and complete.
Signature of referee: Date:
Note to referee: please return completed reference in a sealed envelope, placing your signature across the seal, to the address in Section 3. If no address has been given, please return to
Plymouth University, Postgraduate Admissions Office Drake Circus, Plymouth, PL4 8AA – United Kingdom



Reference in Support of an Application for Postgraduate Study

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Application reference	
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Reference in Support of an Application for Postgraduate Study

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amily name/surname:	Title (Dr, Mr, Mrs, Ms, etc):
First/given name:	
2. Programme of study applied for /	/ research area
5. Return address for completed ref	ference form
Sections 4-6 to be completed by the refere	ee
l. Referee's details	
Position:	
Organisation/Company:	
Address:	
Postcode:	Seal or stamp of
Country:	institution/organisation
Telephone:	

5. Qualities of the candidate
How long have you known the applicant?
In what capacity do you know the applicant?
If you have taught the applicant, what subject? (if the applicant has not yet graduated, please indicate what class or grade of degree you expect them to obtain)
Would the applicant be eligible to proceed to higher degree study in your University?
Postgraduate taught: Postgraduate research:
In the case of an application for a research degree, do you consider the applicant to have sufficient background knowledge of the subject proposed to proceed directly to independent research with guidance from an academic supervisor or would the applicant be better suited to a taught programme?
Please give your written reference here or attach a statement on official headed paper. Include major abilities, strengths and skills (please continue on a separate sheet if necessary).
6. Referee's declaration
I confirm that, to the best of my knowledge, the information given in this form is correct and complete.
Signature of referee: Date:
Note to referee: please return completed reference in a sealed envelope, placing your signature across the seal, to the address in Section 3. If no address has been given, please return to
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