



# APPLICATION FOR ADMISSION AS A GRADUATE STUDENT

APPLICANTS ARE ADVISED TO READ THE GUIDANCE NOTES BEFORE COMPLETING THE FORM. PLEASE USE BLACK INK, BLOCK CAPITALS AND TICK BOXES AS APPROPRIATE.

## PERSONAL DETAILS

1. Surname/Family Name

2. First Names

3. Title (Mr/Mrs etc.)

4. Date of Birth

    
Day Month Year

5. Sex (✓)

 Male  Female

6. Nationality

7. Country of Ordinary Residence

8. Home Address

  
  
  
 Postcode  
Tel  
Fax  
Email

9. Correspondence Address (if different)

  
  
  
 Postcode  
Tel  
Fax  
Email  
Dates when address is valid From: To:

FOR OFFICE USE

Applic. No.

Date of Receipt

H/O/E/X

Initials

## PROGRAMME OF STUDY FOR WHICH YOU WISH TO APPLY

10. UCL Department/Institute

11. Qualification Sought (MA, MSc, etc.)

12. Research Subject Area/Taught Programme Title

13. Method of Study (✓)

 Full-time  Part-time (where available)

14. Proposed Starting Date

   
Month Year

15. Name(s) of proposed supervisor(s), if known (MPhil/PhD, MD(Res) only)

16. Subject Area (MFA/MA/Graduate Affiliate Fine Art only)

 Painting  Sculpture  \*Fine Art Media

\*If you are applying for Fine Art Media, please indicate your primary area of practice:

 Electronic Media  Film/Video  Photography  Print  Other (specify) \_\_\_\_\_

## FOR OFFICE USE. TO BE COMPLETED BY THE GRADUATE ADVISER/DEPARTMENTAL ADMISSIONS TUTOR AND RETURNED WITH ALL APPLICATION PAPERS TO ADMISSIONS, ROOM G1, SOUTH WING

Name of Tutor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Departmental Action (✓)

 Accept (Please complete boxes below)

Admissions to send standard rejection letter? (✓)

 Reject  Yes  No Withdrawn

1. Qualification (MA, MSc, etc.)

2. Research Subject Area/Taught Programme Title

3. Method of Study (✓)

 Full-time  Part-time  Flexible

4. Start Date (if not September)

   
Month Year

5. Research Duration

   
Years Months

6. Fee Rate\* (✓)

 Science  Clinical  \*only for research in clinical sciences

7. Principal UCL Supervisor

8. Subsidiary UCL Supervisor

9. Off-campus Supervisor

10. Off-campus Institution (if applicable)

11. If Senior Tutor approval is required, please include a statement of support (see overleaf)

13. Other information, e.g. any studentships or scholarships allocated/nominated to be detailed on offer letter

12. Conditions of Admission

PLEASE DETACH APPLICATION FORM BEFORE SENDING

**EDUCATION – QUALIFICATIONS ALREADY OBTAINED**

17a. Detail your education since age 17. Start with the most recent qualifications. Where appropriate include professional qualifications.

Name of College/University/ Awarding Body (state country if outside the UK)	Start date (Month/Year)	End date (Month/Year)	Qualification (e.g. BA, BSc)	Overall class/ grade/GPA	Degree Title: Subjects studied and grades obtained so far

**EDUCATION – QUALIFICATIONS CURRENTLY BEING TAKEN**

17b. Detail qualifications yet to be awarded. Where appropriate include professional qualifications.

Name of College/University/ Awarding Body (state country if outside the UK)	Start date (Month/Year)	End date (Month/Year)	Qualification (e.g. BA, BSc)	Overall class/ grade/GPA	Degree Title: Subjects studied and grades obtained so far

**ENGLISH LANGUAGE**

18. Is English your first language? (✓)

Yes       No

If “NO” detail any work experience or education that you have undertaken in English. Provide the date and grade(s) of any English language test taken. Any work experience, education or test must have been within three years of your proposed start date at UCL. A copy of the test certificate should be enclosed with this application.

**FOR OFFICE USE. ADMISSIONS ADVICE FOR THE GRADUATE ADVISER/DEPARTMENTAL ADMISSIONS TUTOR**

<p><b>1. Academically qualified? (✓)</b></p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> Not yet                 </p> <p> <input type="checkbox"/> No      <input type="checkbox"/> Senior Tutor Approval                 </p>	<p><b>2. Academic equivalences</b></p> <p>UK 2.2 (or overseas equivalent)</p> <p>UK 2.1 (or overseas equivalent)</p> <p>Standard of applicant</p>	<p><b>3. Met UCL English proficiency requirement? (✓)</b></p> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No                 </p>
<p><b>4. Comments</b></p> <div style="border: 1px solid black; height: 40px;"></div>		

**EMPLOYMENT**

19. List your employment to date. You may include a copy of your curriculum vitae if this is more convenient. Medical or dental graduates should include full details of all periods of clinical training and clinical attachments.

Name and Address of Employer (state country if outside the UK)	Start date (Month/Year)	End date (Month/Year)	Position held and main duties

20. General Medical Council (GMC)/General Dental Council (GDC) registration: if you hold either GMC or GDC registration, please provide your reference number.

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**SUPPLEMENTARY PERSONAL STATEMENT**

21. Describe your academic interests and reasons for applying. Research (MPhil/PhD etc.) applicants should state in which research areas or specific projects being offered by the department they are interested. LLM applicants should list the four subjects they wish to study. Applicants for the MA in Fine Art must refer to the instructions concerning their proposal for theoretical study on page 7. Applicants for other taught programmes, in particular flexible programmes, should indicate, where appropriate, the options/modules in which they are likely to be interested. Detail your career objectives and any relevant non-academic achievements as well as any publications. Outline any other relevant experience including attendance at specialist workshops or short courses. Continue on a separate sheet if required.

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**FUNDING**

Please refer to [www.ucl.ac.uk/scholarships](http://www.ucl.ac.uk/scholarships) for information.

22. How will you be financing your studies at UCL? Please (✓) one or more boxes.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal/Family Resources	Loan	Studentship/Scholarship	Sponsorship	Other (please specify)

23. If you hold or are intending to apply for funding please state:

<input type="text"/>	<input type="text"/>	Has it been awarded? (✓) <input type="checkbox"/>	<input type="checkbox"/>
Name of Award	Value and Duration of Award	Yes	Decision Pending
<input type="text"/>	<input type="text"/>	Has it been awarded? (✓) <input type="checkbox"/>	<input type="checkbox"/>
Name of Award	Value and Duration of Award	Yes	Decision Pending

Please note, completion of this section does not constitute an application for funding.

**AVAILABILITY FOR INTERVIEW**

24. Where it is feasible, departments interview applicants before recommending admission. Overseas applicants are not normally required to attend but may be interviewed by telephone. Please indicate any periods when you might not be available. (Slade applicants see p9.)

**KNOWLEDGE OF UCL**

25. Where did you learn about the UCL programme applied for? Please (✓) or write in one or more boxes.

<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCL website	Other website (Please specify)	Prospectus/departmental brochure	UCL academic staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other academic staff	Employer	Former UCL graduate	Student recruitment exhibition/fair
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Careers Centre	Newspaper/recruitment guide/magazine advertisement (please specify)	Other (please specify)	

**DISABILITY/SPECIAL NEEDS**

26. Do you have a disability? (✓) Please also complete the disability and ethnic origin monitoring form enclosed. Any information on disability will be passed (in confidence) to UCL's Disability Co-ordinator. If you have a disability that may require reasonable adjustments to be put in place, you must independently contact the Disability Co-ordinator to discuss your needs.

Yes       No

**REFEREES**

27. State the details of the two people who have provided references in the 'Letter of Reference' envelopes that you are returning with this application.

Name	Name
Position	Position
Address	Address
Tel	Tel
Fax	Fax
Email	Email

**EQUAL OPPORTUNITIES POLICY**

At UCL our principal concern when considering applications is to recruit and select students who are likely to complete the programme successfully and derive benefit from it. Once these requirements are met, we regard other issues such as disability, ethnic origin, sex, marital status, number of children, beliefs relating to religion, politics and sexual orientation as irrelevant.

**APPLICANT'S DECLARATION**

To the best of my knowledge, the information on this application is accurate and complete. (Please note that UCL reserves the right to refuse admission or to terminate a student's attendance should it be discovered that he/she has made a false statement or has omitted significant information. If you are offered a place, you will be required to provide evidence of your qualifications.)

Data Protection Act 1998: I agree to UCL processing personal data contained on this form, or other data which UCL may obtain from me or other people or organisations while I am applying for admission. I agree to the processing and disclosure of such data for any purpose connected with my studies, or my health and safety while on UCL's premises or for any other legitimate purpose, including the compilation of statutory statistical and personal returns that UCL is obliged to make to government or other agencies.

Signature ..... Date .....

Please return this form, together with two letters of reference, transcripts/diploma supplements (please refer to guidance notes), the disability and ethnic origin monitoring form and, where appropriate, an English language test certificate to:

**ADMISSIONS, UCL REGISTRY, UNIVERSITY COLLEGE LONDON, GOWER STREET, LONDON WC1E 6BT**



# REFERENCE FORM FOR GRADUATE STUDY

**APPLICANT'S NAME:** .....

**PROGRAMME OF STUDY:** .....

The above student is applying to UCL for admission to a graduate programme of study. To assist us in the selection process, we should be most grateful if you could complete the four sections of this form.

**1. (a) How long have you known the applicant?**  **(b) In what capacity do you know the applicant?**

**(c) If you are an academic referee, please indicate the cohort against whom you are measuring the applicant (e.g. number of students/all students in current year/all students you have ever taught):**

**2. Please assess the applicant on a scale of 1 (lowest) to 10 (highest) in relation to the following criteria by circling the appropriate number:**

Intellectual ability	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Motivation	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Written communication skills	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Oral communication skills	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Ability to organise workload	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Originality	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Overall assessment of applicant	1	2	3	4	5	6	7	8	9	10	Unable to Comment

**3. We would be grateful if you would comment in writing on the applicant including if they have not yet graduated, what final degree classification or grade he/she is expected to obtain and any further relevant information, for example performance in the workplace or suitability for the programme applied for. (Continue overleaf or include a separate signed letter on headed paper if preferred.)**

**4. Recommendation (✓)**

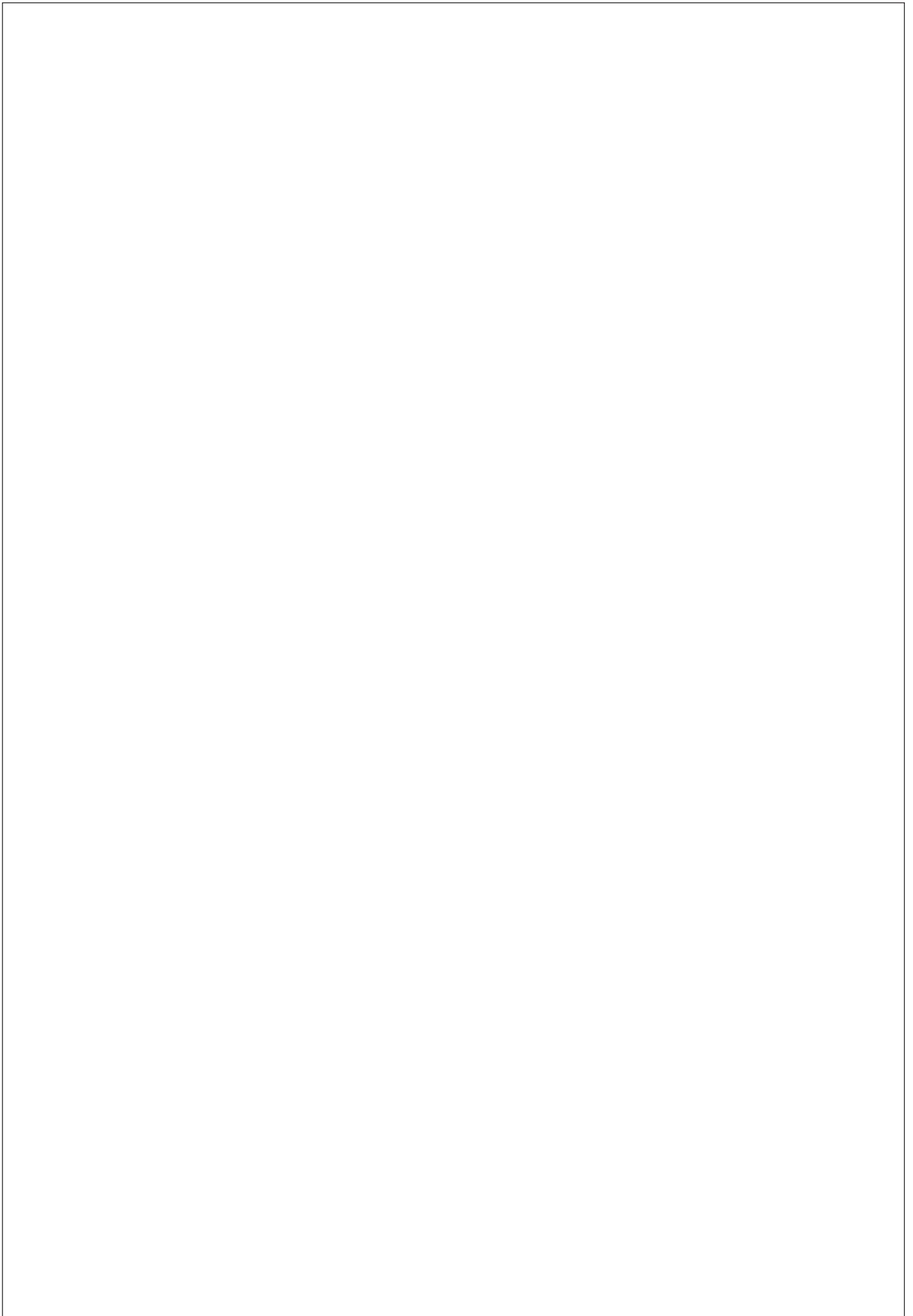
I strongly recommend this applicant for the above programme of study.  I recommend this applicant for the above programme of study.  
 I do not recommend this applicant for the above programme of study.  I am unable to comment.

**CONTACT DETAILS**

Name ..... Signature ..... Position .....  
Tel ..... Email ..... Date .....

Thank you for your co-operation in completing this form. Please enclose this form and each letter in the envelope provided and sign across the seal before returning it to the applicant. Under the terms of the 1998 Data Protection Act, an applicant has the right to access any reference submitted to UCL. Please tick this box if you do not wish the applicant to have access to this reference.

PLEASE DETACH REFERENCE FORM BEFORE SENDING





# REFERENCE FORM FOR GRADUATE STUDY

**APPLICANT'S NAME:** .....

**PROGRAMME OF STUDY:** .....

The above student is applying to UCL for admission to a graduate programme of study. To assist us in the selection process, we should be most grateful if you could complete the four sections of this form.

1. (a) How long have you known the applicant?  (b) In what capacity do you know the applicant?

(c) If you are an academic referee, please indicate the cohort against whom you are measuring the applicant (e.g. number of students/all students in current year/all students you have ever taught):

2. Please assess the applicant on a scale of 1 (lowest) to 10 (highest) in relation to the following criteria by circling the appropriate number:

Intellectual ability	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Motivation	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Written communication skills	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Oral communication skills	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Ability to organise workload	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Originality	1	2	3	4	5	6	7	8	9	10	Unable to Comment
Overall assessment of applicant	1	2	3	4	5	6	7	8	9	10	Unable to Comment

3. We would be grateful if you would comment in writing on the applicant including if they have not yet graduated, what final degree classification or grade he/she is expected to obtain and any further relevant information, for example performance in the workplace or suitability for the programme applied for. (Continue overleaf or include a separate signed letter on headed paper if preferred.)

**4. Recommendation (✓)**

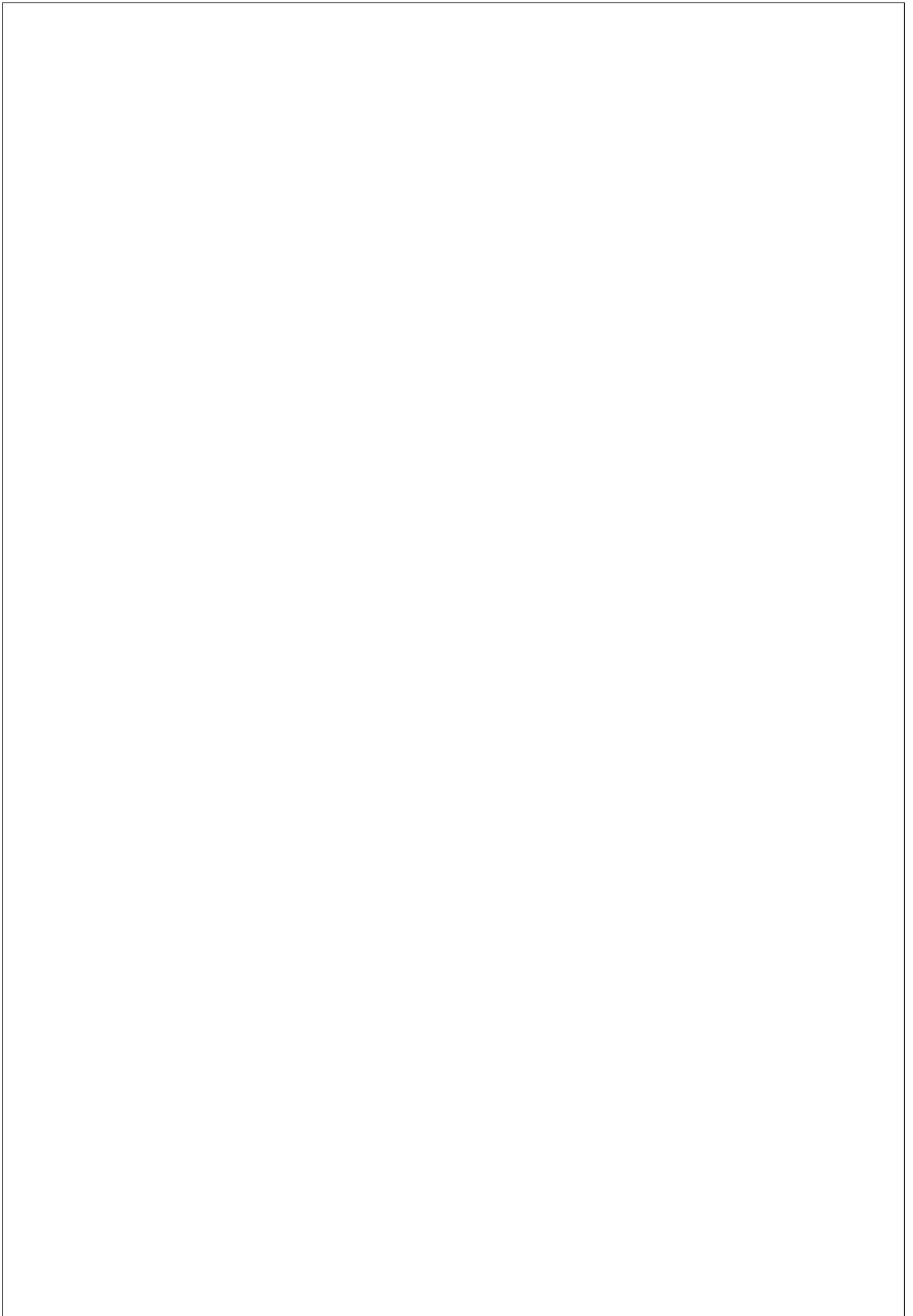
I strongly recommend this applicant for the above programme of study.  I recommend this applicant for the above programme of study.  
 I do not recommend this applicant for the above programme of study.  I am unable to comment.

**CONTACT DETAILS**

Name ..... Signature ..... Position .....  
Tel ..... Email ..... Date .....

Thank you for your co-operation in completing this form. Please enclose this form and each letter in the envelope provided and sign across the seal before returning it to the applicant. Under the terms of the 1998 Data Protection Act, an applicant has the right to access any reference submitted to UCL. Please tick this box if you do not wish the applicant to have access to this reference.

PLEASE DETACH REFERENCE FORM BEFORE SENDING





# DISABILITY AND ETHNIC ORIGIN MONITORING FORM

Please note that this form will not be passed to any admissions tutor. UCL is required to supply this personal information to the Higher Education Statistics Agency.

If you have a disability that may require adjustments to be put in place, you must contact UCL's Disability Co-ordinator, telephone: +44 (0)20 7679 0100; fax: +44 (0)20 7916 8530; email: [disability@ucl.ac.uk](mailto:disability@ucl.ac.uk); address: UCL Registry, University College London, Gower Street, London WC1E 6BT.

## SURNAME

## FIRST NAMES

### DISABILITY Please (✓) one box

- |   |  |
|---|--|
| 00 <input type="checkbox"/> No known disability                   | 07 <input type="checkbox"/> Unseen disability, e.g. diabetes, epilepsy, asthma |
| 02 <input type="checkbox"/> Blind/partially sighted               | 08 <input type="checkbox"/> Multiple disabilities                              |
| 03 <input type="checkbox"/> Deaf/hearing impairment               | 10 <input type="checkbox"/> Autistic Spectrum Disorder                         |
| 04 <input type="checkbox"/> Wheelchair user/mobility difficulties | 11 <input type="checkbox"/> Specific learning disability, e.g. Dyslexia        |
| 05 <input type="checkbox"/> Personal care support                 | 96 <input type="checkbox"/> A disability not listed above                      |
| 06 <input type="checkbox"/> Mental health difficulties            | 97 <input type="checkbox"/> Information refused                                |

Are you currently or have you previously been in receipt of a UK disabled student's allowance? Please (✓) one box

- Yes       No

### ETHNICITY Please (✓) one box

- |  |   |
|--|---|
| 10 <input type="checkbox"/> White                                | 34 <input type="checkbox"/> Chinese                           |
| 14 <input type="checkbox"/> Irish Traveller                      | 39 <input type="checkbox"/> Other Asian background            |
| 21 <input type="checkbox"/> Black or Black British – Caribbean   | 41 <input type="checkbox"/> Mixed – White and Black Caribbean |
| 22 <input type="checkbox"/> Black or Black British – African     | 42 <input type="checkbox"/> Mixed – White and Black African   |
| 29 <input type="checkbox"/> Other Black background               | 43 <input type="checkbox"/> Mixed – White and Asian           |
| 31 <input type="checkbox"/> Asian or Asian British – Indian      | 49 <input type="checkbox"/> Other Mixed background            |
| 32 <input type="checkbox"/> Asian or Asian British – Pakistani   | 80 <input type="checkbox"/> Other Ethnic background           |
| 33 <input type="checkbox"/> Asian or Asian British – Bangladeshi | 98 <input type="checkbox"/> Information refused               |

Please return this form with the rest of your application to:

**ADMISSIONS, UCL REGISTRY, UNIVERSITY COLLEGE LONDON, GOWER STREET, LONDON WC1E 6BT**



# FINE ART APPLICANTS ONLY

## APPLICANTS FOR THE MA, MFA, MPhil/PHD OR GRADUATE AFFILIATE STUDY IN FINE ART

USE THIS SLIDE SHEET IF YOU ARE SENDING A SLIDE CAROUSEL.

### SLIDE SHEET

Name: \_\_\_\_\_

Each slide should show your name and the slide number, which should correspond with this list.

Title	Dimensions	Medium	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



# FINE ART APPLICANTS ONLY

## APPLICANTS FOR THE MA, MFA, MPhil/PHD OR GRADUATE AFFILIATE STUDY IN FINE ART

### Paying your Portfolio Handling Fee by credit/debit card

If you wish to pay your Portfolio Handling Fee (and return postage costs if applicable) by credit or debit card, complete the form below, detach it and enclose it with your application form. If you are paying by cheque or banker's draft see the special instructions and clip the cheque/draft to your form.

Cut here .....

<b>Payment of Graduate Portfolio Handling Fee for:</b>			
Forename .....		Surname .....	
<input type="checkbox"/>	I would like to pay my Graduate Portfolio Handling Fee of	£25	
<input type="checkbox"/>	I would like to pay return postage for my portfolio to the value of <i>(For portfolios to be returned to an address overseas)</i>	£	
<b>TOTAL</b>		£	
I would like to pay by:			
<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard
<input type="checkbox"/>	Maestro UK	<input type="checkbox"/>	Switch
<input type="checkbox"/>	Maestro	<input type="checkbox"/>	Solo
<b>American Express is not accepted</b>			
Card Holder Name			
Card Number			
Start Date (mm/yy)		Expiry Date (mm/yy)	
Card Issue Number (Maestro/Marstro UK only)		Security Code (last 3 digits on signature strip)	
Signature of Card Holder .....		Date .....	
<b>THIS SECTION WILL BE DESTROYED ONCE PAYMENT HAS BEEN PROCESSED:</b>			
Full billing address of Card Holder (including postcode):			

Cut here .....

### Portfolio Label

Please fill in this label, cut out and attach to your portfolio.

<b>Slade School of Fine Art, UCL</b>		<b>Portfolio Label</b>
Surname		Forename
Address		
Postcode		Tel
Tick as appropriate:	<input type="checkbox"/>	Portfolio to be returned by post
	<input type="checkbox"/>	Portfolio to be collected by hand
	<input type="checkbox"/>	Portfolio to be disposed of by Slade
Subject Area (e.g. painting)		