APPLICATION FOR ADMISSION
ACADEMIC YEAR – 20 __ __ - __ __

THE ROBERT GORDON UNIVERSITY
ABERDEEN

SURNAME TITLE (Mr, Mrs, Miss, Ms)	OTHER NAMES (IN FULL)	
PREVIOUS SURNAME	GENDER: MALE ☑ FEMALE ☐ DATE OF BIRTH:	
PERMANENT ADDRESS	CORRESPONDENCE ADDRESS	COUNTRY OF BIRTH
		NATIONALITY
POSTCODE	POSTCODE	How long have you been resident in the UK?
TEL NO.	TEL NO.	
FAX NO.	FAX NO.	
(to include area code)	(to include area Code)	DATE OF ENTRY TO UK
E-MAIL	E-MAIL	

Have you previously studied at The Robert Gordon University? Yes ☐ No ☐ Please state Student Number
PROPOSED COURSE OF STUDY
(1st choice)
(2nd choice)

MODE OF ATTENDANCE (see prospectus or course information for mode of attendance availability)	Full-time ☐	Part-time ☐	Distance Learning ☐

Who is expected to pay your fees?
If sponsored give name in full eg SAAS, LEA, Employer's name, etc

DISABILITY/DYSLEXIA/SPECIFIC LEARNING DIFFICULTY/MEDICAL CONDITION ETHNIC ORIGIN CODE Please enter in box the code from the list on page 4 which is most appropriate

EDUCATION from age 15 Schools - give name and Brief address(es) in chronological order	Year entered	Year left

Further/Higher Education Institutions attended		
Name and address		

ADDITIONAL INFORMATION
Please indicate source of course information. Tick appropriate box.

University/College ☐   Employer ☐   Friends ☐   Internet ☐   Press ☐ - Publication ....

Other (please specify)

QUALIFICATIONS COMPLETED - Please include details of any English Language Qualifications if your first Language is not English.

(Examinations or assessments for which results are known)

Where appropriate please give full module titles

Date	Awarding Body	Subject/unit/module degree title	Level/ qual	Result Grade Mark or Band	Date	Awarding body	Subject/unit/module degree title	Level/ qual	Result Grade Mark or Band

QUALIFICATIONS PENDING - Please include details of any English Language Qualifications.
(Examinations or assessments for which results are pending)

Date	Awarding Body	Subject/unit/module degree title	Level/ qual	Result Grade Mark or Band	Date	Awarding body	Subject/unit/module degree title	Level/ qual	Result Grade Mark or Band

FURTHER INFORMATION
Give details of any periods of employment

Dates	Position and details of responsibilities	Employer's name and address

REFERENCE
Name, Status and address of two referees
(to include one academic or current/last employer)

1. Name _____   2. Name _____

    Status _____   Status _____

    Address _____   Address _____

    _____   _____

    _____   _____

You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and/or up to three penalty points were imposed. Please tick either the 'Yes' or 'No' box below to indicate your Situation. If you tick the 'Yes' box, you may be required to provide details of any convictions.

YES ☐   **NO** ☐

All students who obtain an award from the University will be required to pay a graduation fee.

I hereby affirm that the Information I have given is accurate and true in all respects and I agree to the processing of my personal data in accordance with the Data Protection Act 1998, and to abide by the rules and regulations of the University, should I gain admission.

Signature of applicant _____   Date _____

Forward fully completed application form with any supporting documentation (CV, certificates, details of courses taken) to:

Admissions

Directorate of Student Recruitment

The Robert Gordon University

Schoolhill

Aberdeen

AB101FR

UK

	International
Tel: (01224) 262728	+44 1224 262728
Fax: (01224) 262147	+44 1224 262147
e-mail: admissions@rgu.ac.uk	

Please insert picture

DISABILITY / DYSLEXIA/ SPECIFIC LEARNING DIFFICULTY / MEDICAL CONDITION

We need to know if you have a disability, special need or medical condition which may disrupt your ability to follow your course or which mag require additional support or special facilities.

Please enter in the box on page 1 the code from the]ist below that is most appropriate to you. **Applicants with no disabilities, special needs or medical conditions should use code 0.**

0 You do not have a disabilitg or special need or are not aware of ang additional support requirements

1 You have dyslexia

2 You are blind/partially sighted

3 You are deaf/hard of hearing

4 You are a wheelchair user/have mobility difficulties

5 You need personal care or assistance

6 You have mental health difficulties

7 You have an unseen disabilitg, eg diabetes, epilepsy, heart condition 8 You have two or more of the above disabilities/special needs

9 You have a disabilitg, special need or medical condition not listed above 10 You have autistic spectrum disorder, eg aspergers syndrome

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ETHNIC ORIGIN CODES

White	Black, Black British, Black English, Black Scottish or Black Welsh	Asian, Asian British, Asian English, Asian Scottish or Asian Welsh	Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh	Mixed	Other ethnic background
11 English				41 White and Black Caribbean	80 Other ethnic background
12 Irish				42 White and Black African	
13 Scottish				43 White and Asian	
14 Welsh	21 Carribean	31 Indian	34 Chinese	49 Other mixed background	
19 Other white	22 African	32 Pakistani			
	29 Other black background	33 Bangladeshi			
		39 Other Asian background			