

Agency Stamp (if applicable) or University stamp if Erasmus or inter-institutional agreement student

International Application Form

For instructions on completing this form please refer to the guidance notes, available separately

SECTION ONE: Course Information	1		
Course Type:	International Foundation Undergraduate Study Abroad Exchange Postgraduate Diploma		Other Foundation
http://www.ucas.ac.uk/ Applicants for MPhil and PhD st	apply online via the GTTR at: ork should apply online via UCAS: tudy should apply on a separate appresearch/Application%20form.asp	licati	on form, available at:
Course Name:			
Course code: (Undergraduate only)			
Mode of Study:	Full Time		Part Time 🔲
Month of Entry:	September/October		January (Foundation only)
Year of Entry:		•••••	(e.g. 2014)
Level of Entry:	Year 0 Year 1 Year 2		(Foundation only) (Undergraduate and Exchanges)
	Year 3		(Undergraduate only)

SECTION TWO: Pers	onal Details						
Title:	Mr Ms Dr			Mrs Miss Other:			
Gender:	Male			Female			
Family Name:							
First Names:							
Date of Birth:	Day:			Month:		Year:	
Age at start of pro	posed course	e:					
SECTION THREE: Co	ntact Details						
It is important to i	nclude your e	email addı	ress, a	s we will use	this as our main ı	method to c	ontact you.
Email address:							
Mobile telephone	number:						
Correspondence A	ddress:						
Telephone number	r:						
Permanent Addres	ss (if differen	t):					
Telephone number	r:						

SECTION FOUR: Immigration Status

Are you a UK national?	Yes		No	
If you are not a UK national, are you a European Union (EU)/ European Economic Area (EEA)/Swiss national?	Yes		No	
If Yes, please state your nationality:				
	T	_		_
If you are a UK/EU/EEA/Swiss national, have you been living outside the UK/EU/EEA/ Switzerland for the past 3 years?	Yes		No	
If Yes, please give details (including dates outside the EU/EEA/Switzerland):				
If you are living in the EU and were not born in the EU please state:				
Date of first entry to the EU:				
Date of most recent entry to the EU:				
Date from which you have been granted permanent residence in the EU:				
If you are not a LIV/CII/CCA or Cyrica notice at lateral release state.				
If you are not a UK/EU/EEA or Swiss national please state: Country of birth:				
Mationality				
Nationality:				
Country of residence:				

Please ensure you send in a copy of your passport details page and any visa you may hold with your application.

	gency					
Are you applying via an Educational Agency or Representative? Yes No						
If you are applying via an Educational Agency / Representative, please provide the name of the Agency / Representative below and sign the following statement:						
'I have been advised and counselled by the above agency, have been informed of their terms and conditions and authorise them to represent me in my application'						
ignature:		Date:				
ECTION SIX: Special Req	uiremer	nts / Needs				
rovide support for perso or information or advice ttp://www.canterbury.a	onal care please ac.uk/su	e (for example, walking) which contact the Disability Advict port/student-support-serv	ich must b e Service t vices/disal	team or visit their website at:		
Specific learning disability (e.g. dyslexia)		Blind or partially sighted		Deaf or hearing impaired		
Wheelchair or mobility difficulties	_	Autistic Spectrum Disorder or Asperger Syndrome		Mental health difficulties		
Unseen disability (e.g. diabetes, epilepsy, heart condition)		Other (please explain below)				

SECTION SEVEN: Qualifications

Please state any qualifications held or currently being studied; these must include your highest level of qualifications.

Please quote the original names of qualifications – do not translate to the UK equivalent.

High School Qualifications

School or College Name:			
Dates Attended:		То:	
Qualification Title:			
Overall GPA (if relevant):			
For example: 3.0/4.0			
Subjects:		Grade	s:
			_
Pre-University Qualifications (if	applicable)		
School or College Name:			
Dates Attended:		То	
Qualification Title:		ı	
Overall GPA (if relevant):			
For example: 3.0/4.0			
Subjects:		Grade	s:

University Qualifications (If applicable)

Undergraduate

University Name:				
			_	
Dates Attended:			То	
Qualification Title:				
Quanneation file.				
Overall GPA (if relevant):				
For example: 3.0/4.0				
Subject:			Grade	
	_			
Postgraduate				
University Name:				
Dates Attended:			То	
Overlification Title:				
Qualification Title:				
Overall GPA (if relevant):				
For example: 3.0/4.0				
Subject:			Grade:	:
Professional or Any Other Qual	ifications (If appli	icable)		
,		,		
Institution Name:				
		1.		ı
Dates Attended:			То	
Qualification Title:				
Qualification fitte.				
Overall Grade (if relevant):				

Please provide photocopies of any certificates and transcripts with this application.

SECTION EIGHT: English Language Qualifications Have you ever taken a formal English Language Examination or Test? Yes No

If yes, please enter details of the test(s) have you taken
If no, but you have booked a test, please enter the test date below

	Date Taken	Overall Grade	Reading Score	Writing Score	Speaking Score	Listening Score
UK Qualifications						
GCSE/IGCSE						
English Language						
O level English Language						
IELTS Qualifications						
Academic IELTS						
Academic IEE13						
General IELTS						
TOEFL Qualifications						
iBT						
PBT						
Pearson Test of English						
PTE Academic						
University of Cambridge ES	SOL				.	
First Certificate in English (FCE)						
Certificate in Advanced						
English (CAE)						
Certificate of Proficiency						
in English (CPE)						
Other Tests (please provide	e details)					

If your test provider offers an online results verification service and you wish to share your result online with Canterbury Christ Church University, please provide the requested information below:

Information Required to Verify Test Results Online				
Cambridge ESOL Results	Identification		Secret	
Verification Service	Number:		Number:	
IELTS TRF Verification	TRF Number:			
Service				
TOEFL Online Score	TOEFL			
Verification Service	Registration			
	Number:			
Pearson Test of English	To share your PTE Academic score with us, log in to your Pearson account, select your			
Academic	PTE Academic so	TE Academic score and click 'Send Scores'		

SECTION NINE: Employment

Please give details of any positions of employment you have held, listing the current or most recent first:

Dates:	То:	
Employer:		
Role:		
Responsibilities:		
Dates:	То:	
Employer:		
Role:		
Responsibilities:		
Dates:	То:	
Employer:		
Role:		
Responsibilities:		

SECTION TEN: Personal Statement

Please state below your reasons for applying for this course and mention any relevant previous study or experience. If you do not have an International English test result please explain your level of English and where and for how long you have studied English.
Your personal statement should be 300-500 words in length.

SECTION ELEVEN: How did you hear about us?

Where did you first lea	rn about Canterbury Ch	rist Church University?	1		
Friends Teacher Education Fair Education Agency Newspaper Other (please state)		Family British Council UCAS Internet			
SECTION TWELVE: Dec	clarations				
Do you have any releva	ant criminal convictions?			Yes □	No □
If 'Yes' please provide o	letails:				
	By signing the declar	ration below, you decl	are that:		
	re aware of the tuition for the http://www.canterbury.			e at:	
l .	are of the recommended o://www.canterbury.ac.u				
http:/	You have read the CC			asp	
All of the info	rmation given on this fo <u>sc</u>	rm is true and accurate plely by you.	e and has beer	n completed	
Signa	ature:		Date:		
	Your signatu	re must be handwritte	n)

Applicant Checklist

Included	To Follow	
		Completed application form
		Reference(s)
		English Language test certificate
		Photocopies of academic certificates / transcripts
		Portfolio /Audition CD/DVD/Online link (if required)
		Additional information sheet (if required)
		Photocopy of passport details or EEA identity card
		Photocopy of existing visa (if appropriate)
		Photocopy of signed learning agreement (Erasmus only)

Please refer to the guidance notes, available separately, if you are unsure about whether you require any of the above

Submitting your Application

Please return your completed application form to:

Administrative Assistant (Admissions)
International Office
Canterbury Christ Church University
North Holmes Road
Canterbury
Kent
CT1 1QU
England

Telephone: +44 1227 458459
Fax: +44 1227 751558
Email: ipo@canterbury.ac.uk

Please forward a copy of this application form to your referee once you have completed it. Your referee should then return the application form to you, alongside your reference which should be in a sealed envelope. Please note that your referee may prefer to send the reference directly to Canterbury Christ Church University, so please agree the procedure with your chosen referee at the time of request.



URGENT REFERENCE REQUEST

To the referee:

Please give your opinion of the candidate's suitability for the course chosen to cover the applicant's academic ability, and personal qualities.

Applicant Name:	
Course Applied for:	
Comments:	
Name:	
Organisation:	
Position:	
Telephone Number:	
Email address:	
Signature:	Date:

Please return your completed reference to the applicant in a sealed envelope. Alternatively, you can return the reference directly to: Canterbury Christ Church University, International Office, North Holmes Road, Canterbury, Kent. CT1 IQU (ipo@canterbury.ac.uk)