



The University of Edinburgh

Application for Admission as a Postgraduate Student

- Before completing this form **please refer to the guidance given on the school website** (<http://www.informatics.ed.ac.uk/postgraduate/apply.html>) and read the *Notes on Completion of the Application Form* (the numbers in the Notes refer to the numbered sections on this form).
- Although we make decisions about acceptance throughout the year, we encourage you to apply as early as possible, and at least three months before the proposed start of your studies.
- If you are also applying for one of our scholarships then please refer to the application deadlines indicated on our website (<http://www.informatics.ed.ac.uk/postgraduate/apply.html>)
- After completing this form, including the checklist below, please return it to the relevant office:

FOR TAUGHT MASTERS:

MSc Admissions Co-ordinator
Informatics Teaching Organisation
University of Edinburgh
Appleton Tower
Edinburgh EH8 9LE

FOR PhD/MPhil/MSc by Research:

Administration Officer
Informatics Graduate School
University of Edinburgh
2.44 Informatics Forum
Edinburgh EH8 9AB

- Supporting documents enclosed (please tick):
 - Degree transcript (and translation)
 - References
 - English language test results
- | | |
|--|--|
| FOR TAUGHT MASTERS | FOR PhD/MPhil/MSc by Research |
| <input type="checkbox"/> List of specialisms | <input type="checkbox"/> Research proposal |

All documents should be originals or, if appropriate, certified copies.
Photocopied, scanned or emailed documents will not be accepted.

FOR OFFICIAL USE ONLY

Surname.....Dr/Mr/Mrs/Miss/Ms	
Other Names	Degree
Entry Date	Inst/Spec

Application for Admission as a Postgraduate Student

— Please complete in TYPESCRIPT or BLOCK LETTERS using black ink

A. Personal Information

1. Surname/family name..... Dr/Mr/Mrs/Miss/Ms

Other names.....

Married or Single

Male or Female

2 a. Correspondence address (INCLUDING POST CODE) (see note 2).....

Valid until.....

Tel no.....
(INCLUDING NATIONAL /AREA CODE)

Fax no.....
(INCLUDING NATIONAL /AREA CODE)

b. Permanent address (INCLUDING POST CODE) (see note 2).

Tel no.....
(INCLUDING NATIONAL/AREA CODE)

Fax no.....
(INCLUDING NATIONAL /AREA CODE)

c. Mobile phone number.....

d. Email address.....

3. Date of birth.....

4. Country of birth.....

5. Nationality

6 a. Country of permanent residence (see note 6)

b. Have you always lived in this country? YES or NO

If your answer is no, please list the countries you have lived in and the dates you were resident there.

TOWN/CITY AND COUNTRY
.....
.....
.....

DATES (MONTH AND YE AR)
.....
.....
.....

7. Next of kin (see note 7).....

Address (INCLUDING POST CODE)

Tel no.....
(INCLUDING NATIONAL/AREA CODE)

Fax no.
(INCLUDING NATIONAL/AREA CODE)

8. Matriculation no. (see note 8)

9. Please tick the box opposite if you have had any relevant criminal convictions (see note 9)

10. Physical or other disability or medical condition which might necessitate special arrangements or facilities
Nature of disability (see note 10 and enter code) Code

Please give an indication of any adaptations or special support and facilities you may require.....

11. First Language (see note 11).....

B. Academic Qualifications Held or Pending

Degrees or Diplomas held or pending (see Note 12)

<i>Undergraduate degree (already held or pending)</i>					
UNIVERSITY OR COLLEGE	DATES OF ATTENDANCE	QUALIFICATION OBTAINED	CLASS OF DEGREE OBTAINED	DATE OF AWARD	PRINCIPAL SUBJECT (IF TWO PRINCIPAL SUBJECTS OF APPROXIMATELY EQUAL WEIGHT, GIVE BOTH)

<i>Other degrees and diplomas (in chronological order)</i>					

<i>Teaching Subject Qualifying Courses (for applicants for (additional) teaching qualification only) (see note 12)</i>				
UNIVERSITY OR COLLEGE	DATES OF ATTENDANCE	SUBJECT	LEVEL	DATE OF AWARD

GTC registration no (see note 12)

Previous incomplete or failed programmes of study

<i>Degree programmes which you have previously failed or did not complete</i>			
UNIVERSITY OR COLLEGE	DATES OF ATTENDANCE	SUBJECT	REASON FOR NON-COMPLETION

C. Professional Qualifications and Experience

14. Details of professional qualifications.....

15. Details of your career to date (most recent first)
 DATES EMPLOYER POSITION/NATURE OF RESPONSIBILITIES

16. Details of specialised knowledge, technical training or postgraduate experience relevant to your application

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.....
.....
.....

17. Has any of your work been published? Please give details, if necessary on a separate sheet

.....
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.....
.....

18. Do you have a reading knowledge of any other language(s)? If so, state which certificate(s) you hold

LANGUAGE	CERTIFICATE(S) HELD
.....
.....
.....

D. Referees

19. Names and addresses of two persons willing to provide academic references (see note 19)

Name.....	Name.....
Position.....	Position.....
Address (INCLUDING POST CODE).....	Address (INCLUDING POST CODE).....
.....
.....

Tel no..... (INCLUDING NATIONAL/AREA CODE)	Tel no..... (INCLUDING NATIONAL /AREA CODE)
Fax no..... (INCLUDING NATIONAL/AREA CODE)	Fax no..... (INCLUDING NATIONAL/AREA CODE)
E-mail.....	E-mail.....

Letters from the above two referees are enclosed or will be sent directly to the University by the referees

E. Proposed Study

20a. How do you intend to study? Complete either section (i) or section (ii) below:

(i) Taught degree programme: MSc/MBA/MMus/MTh/MSW/MTeach/Other (please specify).....

Name of degree programme?.....
(Please refer to the Postgraduate Prospectus for a list of all taught degree programmes)

(ii) Research degree programme: MSc/MTh by Research MPhil PhD Other (please specify)

In which School?.....

In which College?.....

20b. Method of study: Full-time Part-time Distance learning (only available for specified programmes)

20c. Proposed start date: Month Year.....

20d. Are you a member of staff of The University of Edinburgh? YES NO

20e. Are you a member of staff of another university? YES NO

20f. Do you wish to be registered as a visiting (ie non-graduating) postgraduate student? YES (Please tick if applicable)

21. Proposed field of study (**see note 21**).....
.....
.....
.....

22. How did you learn about the degree programme? (*see note 22*).....
.....
.....
.....

23. Please give the names of any academic members of staff of the University with whom you have discussed your application.....

24. Are you applying to other universities: if so, which?

University..... Degree programme.....

University..... Degree programme.....

F. Financial Arrangements

25. a. What scholarships or other financial support have you already secured for your studies? (*see note 24*)
SOURCE (NAME AND FULL ADDRESS) ANNUAL AMOUNT FOR HOW MANY YEARS
.....
.....
.....
.....

b. What applications for scholarships or other financial assistance have you made or do you intend to make?
SOURCE (NAME AND FULL ADDRESS) ANNUAL AMOUNT FOR HOW MANY YEARS
.....
.....
.....
.....

c. In the event that no financial assistance is available, are you able to finance yourself privately?
SOURCE (NAME AND FULL ADDRESS) ANNUAL AMOUNT FOR HOW MANY YEARS
.....
.....
.....

Note: Acceptance for postgraduate study does NOT imply the provision of financial assistance by the University.

You must make your own financial arrangements and you will need to provide evidence of the source from which your fees will be paid before you can matriculate.

G. Declaration

I confirm that, to the best of my knowledge and belief, the information given in this application is complete and accurate and that I have completed this form personally. I undertake to supply any further information which may be required and to inform the University of any change in the information given. I understand that if I have made a false or misleading statement or have omitted significant information, the University may amend or withdraw any offer or terminate my matriculation. I understand that, unless I am awarded a University of Edinburgh Scholarship, the University accepts no responsibility for my financial support.

Applicant's signature..... Date.....

Please reconfirm your current email address.....

For Official Use Only

Recommendation by Head of School

*For completion by the
Head of School and
return to College Office.
Please complete as
appropriate*

Admission

- | | |
|---|--|
| <input type="checkbox"/> Accept for PhD or for MPhil*
(*delete as appropriate)

Field of study.....
.....

<input type="checkbox"/> Accept for MSc/Dip by Research or MTh/Dip by Research

Field of study.....
..... | <input type="checkbox"/> Accept for MSc/Dip by Research or MTh/Dip by Research

Field of study.....
.....

<input type="checkbox"/> Accept for taught masters degree
Degree title:

<input type="checkbox"/> Accept as visiting (ie non-graduating) postgraduate student:
<input type="checkbox"/> Research <input type="checkbox"/> Taught

Field of study..... |
|---|--|

Programme of Study Code
(For a full list of current Codes please see <http://www.registry.ed.ac.uk/matriculation/staff.htm>)

Will the proposed programme of study involve work with children or vulnerable adults? Yes No
 Date of admission..... Period of study..... months Full-time **OR** Part-time

- SUPERVISORS NAME SCHOOL (ASSOCIATED INSTITUTION, ETC)
 Principal supervisor/programme director.....
 Assistant supervisor.....
 Assistant supervisor.....
 Overseas supervisor (if applicable).....
- TERMS OF ADMISSIONS/ CONDITIONS TO BE MET
 Academic.....
 Non-academic, eg English Language.....
 Prescribed courses

- ASSOCIATED INSTITUTION
 a. Complete this section if applicant requires access to facilities at an Associated Institution.

Institution	Facilities Required

b. Indicate approximate proportion of study time the applicant will be required to spend at the Associated Institution

- OTHER PARTICULARS
 Complete as appropriate (eg if candidate will need access to other facilities not available in the University other than those described in a. above). Completion of this section may require consultation with the Disability Office as appropriate.....

Leave of absence required (if expected at this time). State period, place and reason
 Is home and away registration recommended?.....
 Annual research costs contribution (research degrees). If research costs will be waived, write **NIL** £.....
 Annual programme costs (masters degrees) £.....
 Compulsory fieldwork costs (masters programmes) £.....

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

Rejection

Rejection

If the recommendation is to reject the application, the reasons should be stated briefly below.