**Masters Applicant Check List**

Please use the below checklist to ensure that you are sending all the required documents for processing your application. Documents requested which are not submitted with your application may result in a delay in processing your application.

|  |  |
| --- | --- |
|  | Completed Application Form |
|  | Details of two referees, or two completed reference letters  (These must be from an academic or professional background) |
|  | Your Supporting Statement |
|  | Certificates and transcripts of relevant qualifications  (Please visit the BGU website for further information on your chosen course entry requirements) |

**SECTION A – PERSONAL DETAILS (Please complete all sections)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A1 Student Information** | | | | | | | | | | | | | | | |
| **Student Number**  **(OFFICE USE ONLY)** | **B** | | *1* | | | *2* | *3* | | *4* | *5* | *6* | *7* | **QTS Status** | | *Have QTS year obtained/Not Applicable* |
| **Title** *(Mr/Miss/Mrs/Dr. etc.)* | | | | |  | | | | | | | | **Programme of study**  **MSc International Business** | | |
| **Surname/Family Name** | | | |  | | | | | | | | | **Programme start date** | | |
| **Forename Name(s)** | | | |  | | | | | | | | | **Mode of Study** | Full-time  Part-time | |
| **Date of Birth** | | DD/MM/YYYY | | | | | | **Student Fee Status\*** | | | | | Home  European Union  Channel Islands & IoM Overseas | | |
| **Sex** | | Male (1)  Female (2)  Other (3) | | | | | | | | | | | | | |

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| **A2 Permanent Address (At Application)** | | | | **A3 Emergency Contact Details** | | |
|  | | | | **Name** |  | |
|  | | | | **Relationship to you** |  | |
|  | | **Contact number primary** | | **Contact number primary** |  | |
| Personal Email: | | | | **Contact number secondary** |  | |
| Contact Numbers: | T: | | M: |  | |  |

**SECTION B – BIOGRAPHICAL DETAILS**

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| **B1 Prior HE Experience** | **B2 Country of Domicile** | **B3 Nationality** | **B4 Parental Education** |
| Have you had prior Higher Education experience in the UK lasting 6 months or more?  (Please tick appropriate box)  Yes (A)  No (B) | Please check/state the country of your permanent home/address prior to entry on this course (if blank please complete)  England (XF)  N. Ireland (XG)  Scotland (XH)  Wales (XI)  Other  If other please specify:  ---------------------------------------------- | UK (GB)  Other  If other please specify:  --------------------------------- | Do any of your parents (natural, adoptive or step) have higher education qualifications (degree, CertHE, DipHE), Please tick the appropriate box.  Yes (1) No (2)  Don't Know (8)  Information refused (9) |
| **B5 Care Leaver** | **B6 Ethnic Origin (tick box)** | **B7 Disability (tick box)** | |
| Have you been looked after by a Local Authority for at least 13 weeks since the age of 14?  Yes  No | White (10)  Gypsy or Traveller (15)  Black or Black British - Caribbean (21)  Black or Black British - African (22)  Other Black Background (29)  Asian or Asian British - Indian (31)  Asian or Asian British - Pakistani (32)  Asian or Asian British - Bangladeshi (33)  Other Asian Background (39)  Chinese (34)  Mixed - White & Black Caribbean (41)  Mixed - White & Black African (42)  Mixed - White & Asian (43)  Other Mixed Background (49)  Arab (50)  Other Ethnic Background (80)  Information refused (98) | No known disability (00)  Multiple Disabilities (08)  A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D (51)  A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder (53)  A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy (54)  A mental health condition, such as depression, schizophrenia or anxiety disorder (55)  A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches (56)  Deaf or a serious hearing impairment (57)  Blind or a serious visual impairment uncorrected by glasses (58)  A disability not listed above (96)  **Are in receipt of Disabled Students Allowance (DSA)?** (4) | |
| **B8 Religion** |
| No religion (01)  Buddhist (02)  Christian (03)  Hindu (10)  Jewish (11)  Muslim (12)  Sikh (13)  Spiritual (14)  Any other religion or belief (80)  Information refused (98) |

**SECTION C – PART-TIME ONLY** [TO BE COMPLETED AT THE POINT OF ENROLMENT]

|  |  |  |  |
| --- | --- | --- | --- |
| **C1 – Module Enrolment (Please list all modules to be taken this academic year)** | | | |
| **Module Code** | **Module Title** | **Credit Value** | **Fee (£)** |
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|  | **Total Credit Value and Gross Fee** |  |  |

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| --- | --- | --- | --- |
| **C2 – Payment Variation (if applicable)** | | | |
| **Variation route** | **Details** | **Amount** | **Balance** |
| Sponsor details (if different from SLC/NCLT) |  |  |  |
| Fee variation details (if applicable) |  |  |  |
|  |  | **Total Fee Due\*** |  |

**SECTION D –QUALIFICATION(S) ON ENTRY**

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| **D1 – Last Institution Attended** | |
| **Name of College/University** |  |

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| **D2 Highest qualification on entry** | | | |  | | | | | |
| **Level** of highest qualification on entry (e.g. A levels, first degree, PGCE) | | | |  | | | | | |
| **Institution** (if different from D1 above) | |  | | | | | Year left | |  |
| **If highest qualification is A’Levels or equivalent, please skip the rest of this section and list them in section D3 below** | | | | | | | | | |
| **Title of Award** (e.g. BA Honours Degree, PGCE, etc.) | | |  | | | | | | |
| **Subject(s) of Award** |  | | | | | | | | |
| **Classification** |  | | | | From | MM/YYYY | | To | MM/YYYY |
| **Do you already have Qualified Teacher Status?** | | | | | Yes |  | | No |  |

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| **D2c – Teaching Experience (if applicable)** | |
| **Number of years teaching experience** |  |

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| **D3 – Qualification Details** (please list all qualifications achieved to-date use a continuation sheet if necessary) | | | | | | | | |
| **Type** | **Grade** | **Awarding Body** | | **Subject** | | | | **Year** |
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| **D4 – English Language Competency** | | | | | | | | |
| **Is English your first language?** | | |  | | | | | |
| **If English is not your first language please state IELTS/TOEFL score(s)** | | | **Reading** | |  | **Listening** |  | |
| **Writing** | |  | **Speaking** |  | |

**Career History**

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**Supporting Statement**

Please show how your previous academic studies, experience, knowledge, skills, interests and personal attributes will equip you to join the programme:

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**Referees:**

Open Reference – Please explain why, in your professional judgement, this candidate has the potential to study and succeed.

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| **Open Referee** | **Second Referee** |
| Name: | Name |
| Address: | Address: |
|  |  |
|  |  |
| Telephone Number: | Telephone Number: |
| Email: | Email: |

I declare that the information I have provided about my qualifications and experience in this application is true.

**Applicant Signature**

|  |  |
| --- | --- |
|  | DD/MM/YY |

Applications should be sent to:

Admissions

Bishop Grosseteste University

Lincoln

LN1 3DY