



**Application Form for  
 Postgraduate (Taught) Programme of Study**

Please complete in **BLOCK CAPITALS**. The form should be returned to **Registry, University of Wales Trinity Saint David, Carmarthen, Carmarthenshire, SA31 3EP**.

**Please enclose the following documents with your completed application form:**

- Certified copies of your ID (birth certificate or passport) **AND** degree certificate / transcript (a certified copy is a photocopy signed as an authentic copy by a professional person who is not related to you)
- TOEFL/IELTS certificates (if applicable)
- Copy of passport (if an International student)

**PERSONAL DETAILS**

Title: _____	Surname/Family name: _____
Forename(s): _____	Date of birth: _____
Address: _____ _____	Telephone number: _____
Country: _____	Mobile number: _____
Postcode: _____	E-mail address: _____ @ _____
Country of domicile: _____	Ethnic origin: _____
	Nationality: _____

**MAILING ADDRESS – if different from above**

Address: _____ _____	
Country: _____	Postcode: _____

**INTERNATIONAL STUDENTS ONLY**

Please provide your passport number: \_\_\_\_\_

**QUALIFICATION FOR WHICH YOU ARE APPLYING** (Please tick)

Postgraduate Certificate (PGCert) <input type="checkbox"/>	Postgraduate Diploma (PGDip) <input type="checkbox"/>
Master of Arts (MA) <input type="checkbox"/>	Master of Theology (MTh) <input type="checkbox"/>
Master of Business Administration (MBA) <input type="checkbox"/>	Master of Science (MSc) <input type="checkbox"/>
Master of Ministry (MMin) <input type="checkbox"/>	Doctor of Ministry (DMin) <input type="checkbox"/>

Please enter title of the degree programme for which you wish to apply e.g. Theology; Marketing: \_\_\_\_\_



**DEGREES AND PROFESSIONAL QUALIFICATIONS (Which you have already completed)**

Title of award:	Award date:
Name of the institution or awarding body:	Classification / Result:

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Name of the institution or awarding body:	Classification / Result:

**ARE YOU CURRENTLY STUDYING FOR A DEGREE?**

Yes / No (Please circle) If yes please give details

Title of award:	Expected date of graduation:
Name of the institution or awarding body:	

**Recognition of Prior and Experiential Learning (RPEL)**

Do you wish to be considered for RPEL: Yes  No   
(If yes please contact the relevant Programme Co-ordinator)

**SUPPLEMENTARY INFORMATION**

Please use this space to add information that is relevant to your application. For example, applicants may wish to provide

- i) a statement outlining their interest in the chosen scheme of study
- ii) a statement outlining their career to date and/or details of any relevant qualifications (e.g. Diplomas, certificates etc).

**All applicants** should provide details of all relevant employment (full-time or part-time).

Have you discussed your proposed course with a member of staff from the School to which you are applying? YES / NO

If Yes, please state name:

**REFEREES**

Please give names of two individuals (not close relatives / friends) who are able to comment on your academic ability.

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

Job title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

Job title: \_\_\_\_\_

**DECLARATION AND SIGNATURE**

I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided. If admitted, I shall abide by the Rules and Regulations of the University.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ENSURE THAT ALL RELEVANT DOCUMENTS ARE ENCLOSED**



PRIFYSGOL CYMRU  
**Y Drindod Dewi Sant**  
UNIVERSITY OF WALES  
**Trinity Saint David**

**Principal Reference Form for  
Postgraduate Study (Confidential)**

**Applicant:**

**Step 1:** Complete Section A.

**Step 2:** Send this form to your principal referee.

**Referee:**

**Step 3:** Complete Section B.

**Step 4:** Return the completed form to Registry, University of Wales Trinity Saint David, Carmarthen, Carmarthenshire, SA31 3EP.

Please complete in **BLOCK CAPITALS**.

**Section A – APPLICANT**

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualification for which you are applying: \_\_\_\_\_

Title of proposed degree programme: \_\_\_\_\_

Proposed start date: \_\_\_\_\_

**Section B - REFEREE**

The above candidate has applied to the University to pursue a postgraduate scheme of study. Please complete this form to enable us to evaluate the candidate's suitability for admission to the above programme. Your reference may take the form of a letter on your institution's headed paper.

All information will be treated in the strictest confidence.

Name of Referee: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Daytime Telephone No:  
(including area code)

In what capacity do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

*Continued overleaf*

Character/Personality Reference:

Suitability for the proposed scheme of study:

**If the candidate's first language is not English**, please comment on his/her level of competence in English:

	Excellent	Good	Fair	Poor
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's Signature:

Date:

Please sign and return to Registry, University of Wales Trinity Saint David, Carmarthen, Carmarthenshire, SA31 3EP.



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UNIVERSITY OF WALES  
**Trinity Saint David**

**Second Reference Form for  
Postgraduate Study (Confidential)**

**Applicant:**

**Step 1:** Complete Section A.

**Step 2:** Send this form to your second referee.

**Referee:**

**Step 3:** Complete Section B.

**Step 4:** Return the completed form to Registry, University of Wales Trinity Saint David, Carmarthen, Carmarthenshire, SA31 3EP.

Please complete in **BLOCK CAPITALS**.

**Section A – APPLICANT**

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualification for which you are applying: \_\_\_\_\_

Title of proposed degree programme: \_\_\_\_\_

Proposed start date: \_\_\_\_\_

**Section B - REFEREE**

The above candidate has applied to the University to pursue a postgraduate scheme of study. Please complete this form to enable us to evaluate the candidate's suitability for admission to the above programme. Your reference may take the form of a letter on your institution's headed paper.

All information will be treated in the strictest confidence.

Name of Referee: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Daytime Telephone No:  
(including area code)

In what capacity do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

*Continued overleaf*

Character/Personality Reference:

Suitability for the proposed scheme of study:

**If the candidate's first language is not English**, please comment on his/her level of competence in English:

	Excellent	Good	Fair	Poor
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's Signature:

Date:

Please sign and return to Registry, University of Wales Trinity Saint David, Carmarthen, Carmarthenshire, SA31 3EP.