



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

**Application Form for
Part-Time
Undergraduate 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: _____
_____ Mobile number: _____
Country: _____ E-mail address: _____ @ _____
Postcode: _____
Country of domicile: _____ Ethnic origin: _____ Nationality: _____

MAILING ADDRESS – if different from above

Address: _____

Country: _____ Postcode: _____

QUALIFICATION FOR WHICH YOU ARE APPLYING (Please tick)

Certificate of Higher Education (CertHE)	<input type="checkbox"/>	Diploma of Higher Education (DipHE)	<input type="checkbox"/>
Foundation Degree	<input type="checkbox"/>	Bachelor of Science Single Honours (BSC)	<input type="checkbox"/>
Bachelor of Arts Single Honours (BA)	<input type="checkbox"/>	Bachelor of Arts Joint Honours (BA)	<input type="checkbox"/>
Graduate Certificate	<input type="checkbox"/>	Graduate Diploma	<input type="checkbox"/>

Please enter title of the degree programme for which you wish to apply e.g. Theology; Social Inclusion; Psychology.

DEGREES AND PROFESSIONAL QUALIFICATIONS (Which you have already completed)

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

Title of award:	Award date:
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



Decision Form

INTERNAL USE ONLY

STUDENT INFORMATION

Student number:			
Student name:			
Title of course:		Mode of attendance:	
Proposed start date:		Academic Year:	
Location:		Fee status:	

REGISTRY:

Notes for Admissions Tutor:	
-----------------------------	--

SCHOOL DECISION: <i>(please tick box)</i>	Accept Conditional	Accept Unconditional	Reject <i>(please provide reason[s] in Comments box below)</i>
Name of Admissions tutor:	Signature:		Date:
Conditions/Comments:			
Advisory note from Admissions tutor:			
Name of personal tutor (if any):			
Is the applicant to be considered for Recognition of Prior and Experiential Learning (RPEL) <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
If yes please ensure that relevant form has been completed and forwarded to the RPEL board.			
Is the applicant a member of staff of the University of Wales?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

REGISTRY USE ONLY

<i>Date application received:</i>	
<i>Date application sent to admissions tutor:</i>	
<i>Date application returned to Registry</i>	
<i>Date offer letter sent:</i>	
<i>Offer letter sent by:</i>	
<i>Date applicant responded:</i>	



**Principal Reference Form for
 Part-Time
 Undergraduate 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 an undergraduate 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.



**Second Reference Form for
 Part-Time
 Undergraduate 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 an undergraduate 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.