



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

POSTGRADUATE RESEARCH DEGREES

APPLICATION FORM 2010 /11

Master of Philosophy by Research
Master of Philosophy by Professional Practice
Doctor of Philosophy by Research
Doctor of Philosophy by Professional Practice

Postgraduate Research Office
University Of Wales, Trinity Saint David,
Lampeter Campus,
SA48 7ED
Wales



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POSTGRADUATE RESEARCH DEGREES

APPLICATION FORM

Postgraduate Research Office, University Of Wales, Trinity Saint David, Lampeter Campus, Wales SA48 7ED. Tel: 01570 424900 Fax: 01570 424978: pgresearch@tsd.ac.uk

This form can be submitted electronically or as a hard copy. If a hard copy is submitted, **PLEASE WRITE IN BLOCK CAPITALS** and use black ink.

Personal details		
Full name:		
Date of birth:		
Address:		
Telephone number:		
Email address:		
Nationality:		
Country of Permanent Residence:		
Are you a member of staff of UW TSD?	YES	NO

Qualification for which you are applying (please tick)	
Master of Philosophy by Research	<input type="checkbox"/>
Master of Philosophy by Professional Practice. (e.g. Applied Archaeology)	<input type="checkbox"/>
Doctor of Philosophy by Research	<input type="checkbox"/>
Doctor of Philosophy by Professional Practice (e.g. DMin / Practical Theology / Applied Archaeology, DBA)	<input type="checkbox"/>
Doctor of Philosophy by Published Works	<input type="checkbox"/>
Please state the exact title of the qualification (e.g. PhD in History)	
In which School do you wish to be registered?	

Start date	
1 October 20	1 February 20
Mode of attendance	
Full-time	Part-time
Mode of study	
On campus	Distance
If you are applying to study as a distance learner, please indicate whether you will have access to all the resources needed for your proposed project	
Employment	
If you are currently employed, please state the number of hours of employment per week.	

UK/EU applicants

Please indicate if you have been a resident in the EU for more than three years prior to the start date of your postgraduate study:	YES	NO
If no, please give details:		
NON-EUROPEAN UNION APPLICANTS CURRENTLY IN THE UK		
If currently resident in the UK, state date of arrival:		
Please state for what purpose:		

International students
Please note: international students resident in the UK on a student visa will need to be resident in either the Lampeter or Carmarthen area.

- Please enclose an endorsed photocopy or scanned copy of your passport
- Please enclose an endorsed photocopy or scanned copy of your visa
- Please provide evidence of finance for your research in the form of a bank statement or letter from your sponsor
- Please confirm if you are applying for a Government Loan for you fees

Non-native speakers of English
Please note that you will be required to achieve an IELTS 6.5 minimum or equivalent in reading and writing components before you will be accepted onto a Research Degree.

Please provide your IELTS (or equivalent) scores below and provide a copy of your certificate.

Overall score	Reading score	Writing score
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Special need and disabilities

Are you disabled?	YES	NO
<input type="checkbox"/> Blind or partially sighted	<input type="checkbox"/> Require a personal care assistant	<input type="checkbox"/> Dyslexia
<input type="checkbox"/> Deaf or hearing impairment	<input type="checkbox"/> Mental health difficulty	<input type="checkbox"/> Multiple disabilities
<input type="checkbox"/> Wheelchair user or impaired mobility	<input type="checkbox"/> Unseen disability (e.g. diabetes or epilepsy)	<input type="checkbox"/> Other disability, please specify:

Do you have any criminal convictions*	NO	YES
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If yes, please give details:

Degrees and professional qualifications (which you have already completed)

1	Title of award:		Subject:
	Grade:	Year of award:	Institution:

2	Title of award:		Subject:
	Grade:	Year of award:	Institution:

3	Title of award:		Subject:
	Grade:	Year of award:	Institution:

Non-standard admissions. Please give details of the qualification or experience that you would like to be considered.

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Accredited prior research (APR)

If you have APR that you wish to transfer from another HE institution, please complete an APR Transfer form available from the Postgraduate Research Office.

Exemption of the minimum period of study

Do you wish to apply for an exemption of the minimum period of study?	NO	YES
If yes, please state on which grounds:		

Information about the research topic

Title of the proposed research:
Outline of the thesis (500-1000 words):
Relationship to published work in the subject area:
Key references (please list key books and articles):
Proposed methodology (include where appropriate key methodological texts):
Facilities and resources available for the investigation:

Ethics		
Are there any ethical issues with your proposed research?	YES	NO
<i>If there are any ethical issues within your research proposal, please submit an additional ethics form available from the Postgraduate Research Office. If your research involves human participants, human material and/ or personal data, or if your research involves animals, ethical approval by the Ethics Committee is mandatory.</i>		

Have you discussed your proposed course with a member of staff from the School?	YES	NO
If yes please state who you discussed it with.		

Applicants to the PhD by Published Works ONLY. Please provide a list of the published works that you intend to submit for this research degree.

References	
<i>Please give the names of two individuals (not close relatives) who are able to comment on your academic ability.</i>	
Full name:	
Position:	
Email:	
Telephone:	
Address:	

Full name:	
Position:	
Email:	
Telephone:	
Address:	

Declaration and signature
<i>If you wish to receive further communications through the medium of Welsh please tick: <input type="checkbox"/></i>

If admitted to the University of Wales, Trinity Saint David, I undertake to pay all fees when due. I hereby certify that to the best of my knowledge all the information provided on this form is correct and complete, and that, if admitted, I shall abide by the Rules and Regulations of the University of Wales, Trinity Saint David.

Signed: _____ Date: _____

**PLEASE ENSURE THAT ALL THE REQUIRED DOCUMENTS ARE ENCLOSED.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.**

- One completed application form
- References (in sealed envelopes)
- Current C.V
- Certified copies* or original degree certificates/transcripts (a photocopy signed by a solicitor/lawyer as an authentic copy)
- Ethics form – if applicable
- APR form – if applicable
- Evidence of finance – if applicable
- Certified copy of passport and visa (a photocopy signed by a solicitor/lawyer as an authentic copy)
- TOEFL/IELTS certificates (where English/Welsh is not the first language)
- APR evidence and details



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**Reference for
Postgraduate Research Study
(Confidential)**

Postgraduate Research Office, University Of Wales, Trinity Saint David, Lampeter, Wales SA48 7ED
Tel: 01570 424900 Fax: 01570 424978
pgresearch@lamp.ac.uk

TO THE APPLICANT

Please complete this section in **BLOCK CAPITALS** or **TYPESCRIPT**. Failure to complete some fields may result in a delay in processing. Ensure that the information on this page is the same as on your application. Once completed, pass the form on to the named referees on your application form, requesting that it be returned to you.

Full Name:

.....

Permanent address:

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

Qualification for which you are applying for:

.....

Title of proposed degree course:

.....

Proposed start date:

.....

TO THE REFEREE

This candidate has applied to the University for the programme shown above and has given your name as a referee

I would be grateful if you would use this form to give your opinion about the applicant's ability to pursue a postgraduate research degree. Please return the whole form to the prospective student in a sealed envelope and sign your name across the seal of the envelope.

May I thank you in advance for your co-operation in this matter, and at the same time give my assurance that all information will be treated in the strictest confidence.

Postgraduate Research Office

Please turn over.....

Please comment on the following:

1. Candidates academic experience in relation to the research

2. Candidates vocational experience in relation to the research

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

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

4. What is your opinion of the candidate's ability to study at research level?

Referee's Signature:

.....

Date:

.....

Please turn over.....

REFEREE'S REPORT

Full name of referee:

Address:

.....

.....

Position and relationship to the candidate:

.....

Reference for (Applicant's name) :

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

PLEASE PLACE IN A SEALED AND SIGNED ENVELOPE AND RETURN TO THE STUDENT



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Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reference for (Applicant's name) :

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