

Application Form for International Students



You should use this form if you are applying for a full-time undergraduate course for example BA/BSc, or for a taught postgraduate programme for example MA/MSc.
Do not use this form if you have already applied to UCAS or to the University directly.
Applicants wishing to apply for research should contact research@tees.ac.uk.

Event Code/Agents Stamp

IMPORTANT

It is important that you complete ALL sections and give as much information as possible. Your application may be delayed if the form is incomplete. Remember to attach all relevant additional information to your application.

Please complete in black ink. USE BLOCK CAPITALS.

1. COURSE DETAILS

Full title of course [eg BA (Hons) Business Studies/MSc Petroleum Technology] – please refer to list of courses in *Prospectus* or on www.tees.ac.uk.

1st choice	<small>THIS ONE CAN BE BLANK, YOU CAN FILL IT IN DURING THE INTERVIEW AS THEY ADVISE YOU TO.</small>	STARTING
2nd choice		Month: 10 Year: 2010
3rd choice		Year/Level of Entry 1 / 2 / (3)

2. PERSONAL DETAILS

Your name should appear as it does in your passport. Please do not use abbreviations.

Family Name: Forenames:

Title: Mr/Mrs/Miss/Ms/Other Passport Number: Gender: Male/Female Date of Birth: dd/mm/yyyy

Correspondence Address: <small>POSTBOKS 123</small> 4567 DERINGENSKULLETRU	Home Address: <small>BRUNOSTIA 22</small> 4567 DERINGENSKULLETRU
Telephone No: <input type="text" value="+47 12 34 56 78"/>	Telephone No: <input type="text" value="+47 12 34 56 78"/>

Mobile No: Fax No: Email:

Country of Birth: Country of Permanent Residence: Nationality:

Disability/Special Needs

Do you have a disability or specific learning difficulty? Yes No HER VELGER DU SELVSAGT DET SOM PASSER FOR DEG.

Please tick the appropriate box to which your disability/special need applies

- | | |
|---|--|
| 0 None <input type="checkbox"/> | 6 Mental health difficulties <input type="checkbox"/> |
| 1 Specific learning difficulty (eg dyslexia) <input type="checkbox"/> | 7 Unseen disability eg asthma, diabetes, epilepsy, heart condition, etc <input type="checkbox"/> |
| 2 Blind/visually impaired <input type="checkbox"/> | 8 More than one of the above <input type="checkbox"/> |
| 3 Deaf/hearing impaired <input type="checkbox"/> | 9 Not listed above – please provide details below <input type="checkbox"/> |
| 4 Wheelchair/mobility-related disability <input type="checkbox"/> | |
| 5 Autistic Spectrum Disorder/Asperger Syndrome <input type="checkbox"/> | |
-

Payment of Fees

Who is expected to pay your fees? Yourself/family member/employer/sponsor/other:

Please provide contact details Name:

Address:

3. QUALIFICATIONS

List your relevant qualifications and enclose certified copies. You will be required to produce the original documents at registration.

Qualifications held

Date of Examination Month and Year	Title of Qualification	Subjects (For example, Mathematics)	Result/Grade
06.2006	SECONDARY SCHOOL	(HER SETTER DU INN LINJA DI)	HER SETTER DU INN EVT SAMLET KÅRÅKTER
06.2009	3D DESIGN AND ANIMATION - NOROFF INSTITUTE	3D DESIGN AND ANIMATION	EVT SAMLET KÅRÅKTER

Examination to be taken/awaiting results

Date of Examination Month and Year	Title of Qualification	Subjects (For example, Mathematics)	Date of Result/Grade
06.2010	3D FILM PRODUCTION - NOROFF INSTITUTE	3D FILM PRODUCTION	07.2010

4. LAST TWO EDUCATION ESTABLISHMENTS ATTENDED

(For example School and College/University)

Name and Address of Last Two Educational Establishments	From Month and Year	To Month and Year	Did you Study Full or Part time?
NOROFF INSTITUTE	08.2008	06.2010	SETT DET SOM PASSER
HER SETTER DU DET DU GIKK PÅ FØR NOROFF			

5. ENGLISH LANGUAGE ABILITY

Is English your first language? Yes No MED MINDRE ENGLISK ER DITT MORSMÅL.

If no, please provide evidence of your English language ability below. You must enclose photocopies of your certificates. Indicate if you are awaiting test results.

Name of Test/Examination	Date of Test	Result
ENGLISH FROM SECONDARY SCHOOL (DETTE SETTER DU OM DU HAR ENGLISK FRA VIDEREÅGÅENDE SKOLE)	DATO PÅ VITNEMÅLET	EVT RESULTAT

6. CRIMINAL CONVICTIONS

Please tick this box if you have any criminal convictions which will be unspent at the time of your admission to the University. You should not include any motoring offences for which the penalty was no greater than a fine and/or three penalty points. If you tick yes, the University may ask you for further details.

Yes

Please note that if you are convicted of a criminal offence while your application is being processed, you should notify the University immediately.

7. WORK EXPERIENCE

Give details of work experience, training and employment if relevant. (This information will be taken into account for particular programmes, for example MBA). Continue on a separate sheet if necessary.

Employer's Name	Job Title	Full or Part time	Job Description and Main Responsibilities	Date From	Date To
<i>HER SETTER DI OPP ARBEIDSERFARING SOM ER RELEVANT I FORHOLD TIL DET DU SØKER PÅ.</i>					

8. FURTHER INFORMATION

Please give your reasons for choosing the course and any additional information that may be relevant to your application.

ACCORDING TO THE INTERVIEWERS, YOU DON'T NEED TO FIL THIS IN BEFORE THE INTERVIEW. YOU CAN - HOWEVER - GIVE THE QUESTION A THOUGHT.

Continue on a separate sheet if necessary.

REFERENCE

You will need to provide a reference, for example from a teacher, college lecturer or employer. References from family members or friends are not acceptable. Your referee must either complete section 10 of this form or provide a separate statement. If your referee is providing a separate statement, it must include your name as printed on this form and the name of the course for which you are applying.

CHECKLIST – HAVE YOU? *HER KRYSSER DU AV ETTERHVERT SOM DU HAR KLART DET SOM ETTERSØRRES.*

- Enclosed certificates, mark sheets and transcripts
- Answered YES/NO on disability
- Evidence of English language level/ability
- Answered all the questions on the form
- Attached reference *BE LÆREREN SKRIVE EN REFERANSE*

SE INFORMASJONSSIDEN OM TEESIDE FOR INFORMASJON OM ENGELSKKRAVET.

9. DECLARATION

Please read this declaration carefully before signing.

I confirm that, to the best of my knowledge, the information given on this form is correct and complete.

If you apply directly to Teesside University your details may be passed to the University agent in your country to assist you in processing your application. There will be no charge for this service. If you do NOT wish your details to be shared with our agent please tick this box *J.K.K.E. R. AGENTEN I DITT LAND, SVARER PÅ DINE SPØRSMÅL OM DINE HJELPESAKER, OG/ELLER, GJØR DET DU KAN FOR Å GJØRE DINE TILFØRDELLE, ETC.*

The University is registered under the Data Protection Act 1998 and information given on this form will only be used in accordance with the terms of their registration. If you are applying via a third party for example an agent or one of our collaborative partners, it will be necessary to share information regarding your application. In addition it may be necessary to pass information to official UK bodies such as the Home Office to assist them in their duties.

Applicant's signature OLA NORDMANN Date I DAG



ACCORDING TO THE INTERVIEWERS, YOU DON'T NEED TO FILL IN THIS ONE BEFORE THE INTERVIEW.

10. STATEMENT BY REFEREE

Name of Referee:

Job Title/Occupation and Relationship to the Applicant:

Address:

Telephone No:

Fax No:

Please affix an official stamp at the end of the statement

Email:

Large empty rectangular box for the referee's statement.

Referee's Signature Date

Please send your completed application form to:

Academic Registry
(International Admissions)
Teesside University
Middlesbrough
Tees Valley
TS1 3BA
United Kingdom

Email: international.admissions@tees.ac.uk

Teesside University

Middlesbrough T: +44 (0) 1642 218121
Tees Valley F: +44 (0) 1642 342067
TS1 3BA UK www.tees.ac.uk

80% recycled

When you have finished with this publication please recycle it

