



**APPLICATION FOR ADMISSION
SESSION - 20 ____ - ____**

SURNAME		OTHER NAMES (IN FULL):	
TITLE:			
PREVIOUS SURNAME:		GENDER: MALE FEMALE	
		DATE OF BIRTH:	
PERMANENT ADDRESS		CORRESPONDENCE ADDRESS	COUNTRY OF BIRTH:
			NATIONALITY :
POSTCODE		POSTCODE <input type="text"/> <input type="text"/>	How long have you been resident in the UK?: NA
TEL NO.		TEL NO.	
FAXNO.		FAXNO.	
(to include area code)		(to include area code)	
E-MAIL		E-MAIL	
Have you previously studied at The Robert Gordon University?		YES <input checked="" type="checkbox"/> NO	
PROPOSED COURSE OF STUDY MSc International Hospitality Business Management			
(1st choice) NA			
(2nd choice) NA			
MODE OF ATTENDANCE Full-time Part-time Distance Learning (see prospectus or course information for mode of attendance availability)			
Self-funding			
Who is expected to pay your fees?			
If sponsored give name in full eg SAAS, LEA, Employer's name, etc NA			
DISABILITY / DYSLEXIA / SPECIFIC LEARNING DIFFICULTY/ MEDICAL CONDITION:			
ETHNIC ORIGIN CODE: Please enter in box the code from the list on page 4 which is most appropriate			
EDUCATION from age 15 Schools - give name and brief address(es) in chronological order		Year entered	Year left
Further/Higher Education Institutions attended:			
Name and address:			
ADDITIONAL INFORMATION Please indicate source of course information. Tick appropriate box.			
<input checked="" type="checkbox"/> University/College <input type="checkbox"/> Employer <input type="checkbox"/> Friends <input type="checkbox"/> Internet <input type="checkbox"/> Press <input type="checkbox"/> - Publication _____			
Other (please specify)			

QUALIFICATIONS COMPLETED

(Examinations or assessments for which results are known)

Where appropriate please give full module titles

Date	Awarding Body	Subject/unit/module degree title	Level/qual	Result Grade Mark or Band	Date	Awarding body	Subject/unit/module degree title	Level/qual	Result Grade Mark or Band

QUALIFICATIONS PENDING

(Examinations or assessments for which results are pending)

Date	Awarding Body	Subject/unit/module degree title	Level/qual	Result Grade Mark or Band	Date	Awarding body	Subject/unit/module degree title	Level/qual	Result Grade Mark or Band

FURTHER INFORMATION Give details of any periods of		
Dates	Position and details of responsibilities	Employer's name and address

REFERENCE

Name, status and address of two referees
(to include one academic or current/last employer)

1. Name	_____	2. Name	_____
Status	_____	Status	_____
Address	_____	Address	_____
	_____		_____
	_____		_____

You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and/or up to three penalty points were imposed. Please tick either the 'Yes' or 'No' box below to indicate your situation. If you tick the 'Yes' box, you may be required to provide details of any convictions.

YES NO

All students who obtain an award from the University will be required to pay a graduation fee.

I hereby affirm that the information I have given is accurate and true in all respects and I agree to the processing of my personal data in accordance with the Data Protection Act 1998, and to abide by the rules and regulations of the University, should I gain admission.

Signature of applicant: _____ Date _____

Forward fully completed application form with any supporting documentation (CV, certificates, details of courses taken) to:

Admissions
Student Administration Department
The Robert Gordon University
Schoolhill
Aberdeen
AB10 1FR
UK

Tel: (01224) 262105 *International* +44 1224 262105
Fax: (01224) 262147 +44 1224 262147
[e-mail: admissions@rgu.ac.uk](mailto:admissions@rgu.ac.uk)

NB To assist with internal registration processes, most of the personal data supplied on the first two pages of this application form will be entered on the University's computer records. At all times the use of this data will be strictly in accordance with the principles laid down by the Data Protection Act 1998.

DISABILITY / DYSLEXIA/ SPECIFIC LEARNING DIFFICULTY / MEDICAL CONDITION

We need to know if you have a disability, special need or medical condition which may disrupt your ability to follow your course or which may require additional support or special facilities.

Please enter in the box on page 1 the code from the list below that is most appropriate to you. **Applicants with no disabilities, special needs or medical conditions should use code 0.**

- 0 You do not have a disability or special need or are not aware of any additional support requirements
- 1 You have dyslexia
- 2 You are blind/partially sighted
- 3 You are deaf/hard of hearing
- 4 You are a wheelchair user/have mobility dificulties
- 5 You need personal care or assistance
- 6 You have mental health difficulties
- 7 You have an unseen disability, *eg* diabetes, epilepsy, heart condition
- 8 You have two or more of the above disabilities/special needs
- 9 You have a disability, special need or medical condition not listed above
- 10 You have autistic spectrum disorder, *eg* aspergers syndrome

ETHNIC ORIGIN CODES

White	Black,	Asian,	Chinese,	Mixed	Other ethnic
11 English	Black British,	Asian British,	Chinese British,	41 White and Black Caribbean	background
12 Irish	Black English,	Asian English,	Chinese English,	42 White and Black African	80 Other ethnic
13 Scottish	Black Scottish	Asian Scottish	Chinese Scottish	43 White and Asian	background
15 Welsh	or Black Welsh	or Asian Welsh	or Chinese Welsh	49 Other mixed	
19 Other white	21 Caribbean	31 Indian	34 Chinese	background	
	22 African	32 Pakistani			
	29 Other black	33 Bangladeshi			
	background	39 Other Asian			
		background			

FOR UNIVERSITY USE ONLY

FT PT DL

Course: _____

Point of entry: _____

Decision:

REC _____
 WDN _____
 C _____
 U _____

NOTES: