

**APPLICATION FOR ADMISSION**  
**SESSION - 20 / \_ \_ \_ \_**



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



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

**FOR UNIVERSITY USE ONLY**

FT                      PT                      DL

Course: \_\_\_\_\_

Point of entry: \_\_\_\_\_

Decision:

REC \_\_\_\_\_  
 WDN \_\_\_\_\_  
 C \_\_\_\_\_  
 U \_\_\_\_\_

NOTES: