



Once you have completed this form, please save the file and then send the application and all other supporting documentation to the email address you have already been given for your application

OFFICE USE ONLY

Student ID:

INTERNATIONAL STUDENT APPLICATION FORM FOR STUDENTS STUDYING AT PARTNER INSTITUTIONS

| Course(s) applying for: Master of Laws in Information an | d Communications Technology Law by eLearning |
|--|---|
| Institution where studying: | |
| Mode of attendance: Part-time Full-time | Desired start date: |
| | |
| 1. Personal details | |
| (Mr/Mrs/Miss/Dr) | Surname / family name (as appears on passport or ID card) |
| First name (as appears on passport or ID card) | |
| | Previous surname / family name (if changed) |
| Gender Male Female | |
| Permanent home address in home country | Date of birth (day, month, year) |
| | Contact details in home country |
| | Contact telephone/mobile phone |
| | Email |
| | Payment of fees (who is expected to pay your fees? Yourself, employer, family etc). |
| | |

| 2. English level | | | |
|--|---|------------------------------|--------------------|
| Details of IELTS, TOFEL, Pearson etc/High School certificate/first degree taught in English | Score | Date issued | Expiry date |
| | | | |
| 3. How did you hear about this course? Pleas | se only tick one box | | |
| Agent (please complete contact details below and College/University outside of UK (please complete College/University in UK (please complete contact Friend/Family Current or Alumni Bucks student (please complete Other, please state | contact details below) details below) | | |
| Agent or College name | | | |
| Address | | | |
| Email | | | |
| Telephone | | | |
| 4. Origin Please tick the box which most closely of | describes your ethnic origin | | |
| Asian or Asian British (31) Indian (32) Pakistani (33) Bangl Black or Black British | white background adeshi (34) Chinese black background | (39) Other As | an background |
| | | te & Asian mation refused | |
| | | | <u></u> |
| 5. Disability | | f/hooring impoind | |
| (01) Dyslexia (02) Blind/partially si (04) Wheelchair user/ Mobility issues (02) | 05) Personal support needed | af/hearing impaired | ealth difficulties |
| (07) Unseen disability (08) Multiple disab | | | None |
| | | | |
| 6. Criminal convictions | | | |
| Do you have any criminal convictions? Tick as appropria | te. Yes | No |] |

7. Current and previous education and qualifications Continue on additional sheets if required

Please list all of your education achievements below, including your current course of study if enrolled. Gaps in your education history or missing documents may result in your application being delayed or declined.

| Start and end date of course | Course title, including awarding body | Grade | Institution where course is studied | Country where course was studied | Final enclo | certificate sed? |
|------------------------------|---------------------------------------|-------|-------------------------------------|----------------------------------|----------------|---------------------|
| | | | | | Yes | 0 |
| | | | | | No | \bigcirc |
| | | | | | | |
| | | | | | Yes | \bigcirc |
| | | | | | No | \bigcirc |
| | | | | | | |
| | | | | | Yes | 0 |
| | | | | | No | \bigcirc |
| | | | | | | |
| | | | | | Yes | 0 |
| | | | | | No | \bigcirc |
| | | | | | | |
| | | | | | Yes | \bigcirc |
| | | | | | No | \bigcirc |
| | | | | | | |
| | | | | | Yes | 0 |
| | | | | | No | \bigcirc |
| | | | | | | |
| | | | | | Yes | 0 |
| | | | | | No | \bigcirc |
| | | | | | | |
| | | | | | Yes | 0 |
| | | | | | No | 0 |
| | | | | | | |

| 8. Current and previous employment | | | | |
|------------------------------------|---|--|--|--|
| Name and address of company | and address of company Job title and description Si | | | |
| | | | | |
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9. Personal statement/statement of purpose Continue on additional sheets if required

Please continue on a separate sheet of paper. Your statement should be approximately one A4 page in length and include information on your skills, interests, hobbies, reasons for applying and past experience. See guidance notes for further information.

10. References

| Name | Name |
|------------------------|------------------------|
| Address | Address |
| | |
| | |
| Country | Country |
| Postcode | Postcode |
| Phone inc country code | Phone inc country code |
| Email | Email |

11. Declaration

| I confirm that, to the best of my knowledge, the information given is correct and complete. I have read the instructions, |
|---|
| in particular those relating to this section. I understand what it says and I agree to abide by the conditions set out there, |
| which I accept as a condition of application. I agree that Bucks New University can process my information for my |
| application and internal research. |
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|-------|---|---|---|--------|--|
| Date: | | | | | |
| | (|) | (| | |

Please note: If you are submitting this form electronically then you should note that, in the absence of this signature, the emailing of this application constitutes your personal certification that the details are correct.

Checklist, please tick when complete

Passport sized photograph with your name written on the back (please attach with paperclip or by email)

- Personal statement completed
- Copy of valid passport or ID card
- Final certificate of highest qualification (if available at time of application)
- Transcript for highest qualification (if available at time of application)
- References completed
- Employment history