



electronic copy

attach photographs

postgraduate application form

academic year 2009/2010

All relevant sections must be completed in black or blue ink.
Please use CAPITAL Letters.

1. PERSONAL DETAILS

Surname/family name (as on all official documents).....

First/given name (s).....

Title..... Sex Male Female.....
(Mr/Mrs/Miss/Dr/Rev)

Date of birth (DD-MM-YYYY)

Country of birth.....

Country of residence.....

Nationality.....

2. ADDRESS

Home address

Postal address.....
(street address or post box).....

City/town.....
Country.....

Telephone (official).....
Cell phone (private).....

Fax.....
Email.....

Correspondence address

Postal address.....
(street address or post box).....

City/town.....
Country.....

Telephone.....
Cell phone (private).....

Fax.....
Email.....

4. EMPLOYMENT AND PROFESSIONAL QUALIFICATIONS

4.1. EMPLOYMENT INFORMATION

Employer (include address and country)	Position and work carried out	Dates	
		From	To

4.2. PROFESSIONAL QUALIFICATION

Details of any professional qualifications obtained if any

Qualification	Date obtained

5. PROPOSED COURSE OF STUDY

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6. PERSONAL STATEMENT

Please provide a short statement indicating why you wish to undertake this programme.

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7. ENGLISH LANGUAGE PROFICIENCY

Please indicate your level of competency in English.

	Speaking	Reading	Writing
Fluent			
Adequate			
Basic			

Do you have any English language qualifications? Yes..... No.....
 (such as TOEFL, IELTS, other, or a university degree in which instruction was in English)
 If yes, which qualification?.....
 Date of examination.....

8. EQUAL OPPORTUNITY

The University welcomes all students and therefore, strongly encourages you to disclose any disability or medical condition which may have an impact on your studies while at the university. This will help us plan and put the necessary facilities in place.

- No disability
- Blind/partially sighted
- Wheelchair user/mobility difficulties
- Unseen disability e.g diabetes, pressure, epilepsy etc.
- Others (please indicate).....

9. REFEREES

Please give the names and addresses and position of two people that you wish to use as your referees. They should be able to testify to your academic ability or relevant experience and one should be your head of department or employer as appropriate. The letters of reference should be enclosed in sealed envelopes with this application form.

1. Name..... Position.....
 Institution or company name.....
 Institution of company address.....
 Email address..... Telephone
2. Name..... Position.....
 Institution or company name.....
 Institution of company address.....
 Email address..... Telephone

10. DECLARATION

I confirm that the information given on this form is to the best of my knowledge true, correct and accurate, no information requested or other material information has been omitted and that I have completed the application form myself.

Signed..... **Date**.....

SECTION 1 : TO BE COMPLETED BY THE APPLICANT

Please complete this section before forwarding one form to each of your referees, requesting that they complete Section 2 and return the form to you in a sealed envelope, signed across the seal.

Your name

Degree applied for

Commencing in (year)

Date forwarded to referee

SECTION 2 : TO BE COMPLETED BY THE REFEREE

The above-named person is applying for admission to postgraduate studies at International Health Sciences University and has named you as a referee. We would be grateful to receive, in confidence, your opinion on the candidate's suitability for the proposed course of study. When commenting on his/her academic performance please give, if possible, the applicant's class ranking/position in class, ability to pursue postgraduate study, research skills and any other comments that may be of relevance.

Please return this form to the candidate who will forward the complete application to the University. Please seal the envelope and sign across the seal. Thank you.

Name

Title

Your current employment

Your position

Address

.....

.....

Tel

Fax.....

Email.....

Your relationship to the applicant

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APPLICANT'S NAME:

Signature of referee

Official stamp

Date

.....

.....

.....

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Email.....

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APPLICANT'S NAME:

Signature of referee

Official stamp

Date

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