

UNIVERSITY OF SURREY

SCHOOL OF MANAGEMENT (SOM)

Application for admission to the University of Surrey to read for the Postgraduate Diploma or the Degree of

MASTER OF SCIENCE – MSC BARBADOS

On completion, please return this form along with 2 passport-sized photos and a copy of your highest qualification to:

BIMAP, Bimap Drive, Wildey, St Michael, Barbados
Telephone: 431-4200/ 431-4243 Fax 429-6733

PLEASE TYPE OR WRITE IN BLOCK LETTERS

Last Name	<input style="width: 95%;" type="text"/>	Work Telephone Number	<input style="width: 95%;" type="text"/>						
Other Names	<input style="width: 95%;" type="text"/>	Work Fax Number	<input style="width: 95%;" type="text"/>						
Title (Mr/Mrs/Miss/Dr/Other)	<input style="width: 95%;" type="text"/>	Home Telephone Number	<input style="width: 95%;" type="text"/>						
Sex (Male/Female)	<input style="width: 95%;" type="text"/>	Mobile Number	<input style="width: 95%;" type="text"/>						
Nationality	<input style="width: 95%;" type="text"/>	E Mail	<input style="width: 95%;" type="text"/>						
Age Last Birthday: Years	<input style="width: 95%;" type="text"/>	Starting Date	<input style="width: 95%;" type="text"/>						
Date of Birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Mth</td> <td style="width: 33%; text-align: center;">Yr</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Day	Mth	Yr				Study Mode	Distance Learning
Day	Mth	Yr							

Home Address

Address for Correspondence (if different)

QUALIFICATIONS

Please list in chronological order, all University, and senior Professional courses followed and the award obtained.

University / Institution	Dates Attended (Years)	Full Time or Part-Time	Main Subjects Field of Study	Degree/ Diploma Awarded	Grade/ Standard

PROFESSIONAL EXPERIENCE

Please list all present and past occupations. State if full-time or part-time. Do NOT include holiday work.

Job Title	Employer	Full or Part Time	Date From Month / Year	Date To Month / Year

LANGUAGE REQUIREMENTS

If English is not your first language, please give details of any English language course taken together with details of tests and grades obtained.

Dates Studied	Name of Course	Grade / Standard Achieved

ADDITIONAL PERSONAL INFORMATION

Please explain why you want the degree, what you plan to accomplish with it, what your motivation is and why you would make an ideal candidate.

Do you have a disability or special need which may require special arrangements?

No

Yes

If yes, please explain

Who will pay for your course?

SoM is unable to help with funding.

Self

Employer

Other (Specify)

I certify that all information provided by me on this form and in other supporting documents is correct and accept that any falsification or misrepresentation may result in my student registration being terminated without any refund of fees paid. I am medically and psychologically fit to pursue this course of study. I undertake to accept the University and Programme Regulations, copies of which are available on request.

PLEASE CHECK THAT YOU HAVE COMPLETED THIS FORM FULLY.

Your signature

Date

UNIVERSITY USE ONLY FOR

	Fees Paid	Date
Entered on Database		
Commencement Date		
Signature of Head of Department		Date
Signature of Academic Registrar		Date