




LEICESTER INTERNATIONAL PATHWAY COLLEGE

APPLICATION FORM

Please complete ALL sections of the following form clearly and accurately using CAPITAL LETTERS. If information is missing from your form, or we cannot read some of the sections we may not be able to process your application. Return your application to your local representative or directly to the Pathways Admissions Team at the address shown overleaf. Please tick boxes where appropriate. If you have any queries about completing this form, please contact one of our student advisors on + 44 (0)20 8312 8078 or email pathways@dmu.ac.uk. Alternatively you can book online at www.dmu.ac.uk/pathways

REPRESENTATIVES STAMP



Study Abroad
Trädgårdsgatan 3, 2 tr
411 08 Göteborg
Sweden
t +46 (0)31 15 10 90
www.studyabroad.se

1 PERSONAL DETAILS YOU MUST ENSURE ALL SECTIONS ARE COMPLETED ACCURATELY

TITLE
MR MRS MISS OTHER

NATIONALITY

FAMILY NAME

FIRST NAME(S)

DATE OF BIRTH (DD/MM/YYYY)
 / /

GENDER
MALE FEMALE

NAME AS WRITTEN ON PASSPORT

PASSPORT NUMBER

PASSPORT EXPIRY DATE (DD/MM/YYYY)
 / /

COUNTRY OF BIRTH:

HOME ADDRESS

CITY OR TOWN

POST CODE

COUNTRY

HOME TELEPHONE

MOBILE TELEPHONE

CORRESPONDENCE ADDRESS IF DIFFERENT FROM HOME ADDRESS

CITY OR TOWN

POST CODE

COUNTRY

EMAIL

SKYPE ID

2 PARENT/GUARDIAN OR SPONSOR DETAILS YOU MUST PROVIDE CONTACT DETAILS IN THE EVENT OF AN EMERGENCY

TITLE
MR MRS MISS OTHER

FAMILY NAME

FIRST NAME(S)

RELATIONSHIP TO STUDENT

HOME ADDRESS

CITY OR TOWN

POST CODE

COUNTRY

HOME TELEPHONE

MOBILE TELEPHONE

EMAIL

3 COURSE DETAILS PLEASE SELECT THE PATHWAY COURSE YOU WISH TO STUDY

INTERNATIONAL FOUNDATION CERTIFICATE

INTERNATIONAL FIRST YEAR

INTERNATIONAL INCORPORATED MASTERS

PLEASE STATE THE PREFERRED PATHWAY COURSE START DATE

SEPTEMBER 2015 APRIL 2016

JANUARY 2016 JUNE 2016

TITLE OF MAIN ACADEMIC DEGREE COURSE (AS IN PROSPECTUS)

PLEASE STATE THE MAIN ACADEMIC DEGREE COURSE START DATE

JANUARY 2016 SEPTEMBER 2016

4 EDUCATION HISTORY

HAVE YOU PREVIOUSLY BEEN GRANTED A TIER 4 VISA TO STUDY IN THE UK? YES NO

PLEASE PROVIDE YOUR MOST RECENT EDUCATION HISTORY IN BOTH YOUR HOME COUNTRY AND IN THE UK (IF APPLICABLE)

NAME OF INSTITUTION	START DATE	END DATE	NAME OF QUALIFICATION GRANTED	GRADE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note: All submitted transcripts and certificates must be certified and translated into English

5 ENGLISH PROFICIENCY

YOU MUST PROVIDE EVIDENCE OF YOUR MOST RECENT SECURE ENGLISH LEVEL TEST (SELT)

IELTS OTHER

COMPONENT SCORES (WHERE APPLICABLE)

DATE TAKEN	OVERALL SCORE	READING	WRITING	LISTENING	SPEAKING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DO YOU PLAN TO TAKE ANY OTHER ENGLISH LANGUAGE TEST(S) BEFORE STARTING YOUR PATHWAY COURSE? YES NO

NAME OF EXAM DATE DUE TO BE TAKEN

IF YOU REQUIRE ADDITIONAL ENGLISH LANGUAGE SUPPORT, ISIS PROVIDES AN ENGLISH ACADEMIC PROGRAMME (EAP) PRIOR TO YOUR CHOSEN PATHWAY COURSE. IF YOU WISH TO ATTEND THIS, PLEASE TICK HERE

6 PAYMENT OF TUITION FEES

PLEASE STATE HOW YOU WILL BE FUNDING YOUR STUDIES

MYSELF MY PARENTS SPONSOR (PLEASE STATE)

All sponsored students must provide documentation on signed and stamped letter headed paper from your Sponsor.



7 ACCOMMODATION

DO YOU REQUIRE ISIS EDUCATION TO PROVIDE ACCOMMODATION DURING YOUR STUDIES?

YES NO

IF YES, PLEASE SELECT THE HALLS OF RESIDENCE YOU REQUIRE:

NEWARKE POINT (PRIVATE BATHROOM)

8 INSURANCE

THE COST OF INSURANCE WILL AUTOMATICALLY BE ADDED TO YOUR INVOICE UNLESS YOU CAN PROVIDE PROOF OF ALTERNATIVE ADEQUATE COVER. DO YOU REQUIRE INSURANCE?

YES NO

If No, you must provide proof of alternative adequate cover when you confirm your offer.

9 ADDITIONAL INFORMATION

000 YOU DO NOT HAVE A DISABILITY

010 YOU HAVE DYSLEXIA

020 YOU ARE BLIND/PARTIALLY SIGHTED

030 YOU ARE DEAF/HAVE A HEARING IMPAIRMENT

040 YOU ARE A WHEELCHAIR USER/HAVE MOBILITY DIFFICULTIES

070 YOU HAVE AN UNSEEN DISABILITY (E.G. DIABETES, EPILEPSY)

080 YOU HAVE TWO OR MORE OF THE ABOVE DIFFICULTIES

090 OTHER (PLEASE SPECIFY)

DOES YOUR DISABILITY REQUIRE ADDITIONAL SUPPORT? YES NO
if yes, we will contact you to determine appropriate support for you

YOU MUST DECLARE IF YOU HAVE A RELEVANT CRIMINAL CONVICTION, INCLUDING VIOLENCE OR DRUG DEALING. IF YOU TICK THE YES BOX, THE UNIVERSITY WILL CONTACT YOU FOR FURTHER INFORMATION.

YES NO

IF YOU DO NOT DECLARE A RELEVANT CRIMINAL CONVICTION, AND IT COMES TO LIGHT EITHER LATER IN THE APPLICATION PROCESS, OR WHEN ENROLLED AS A STUDENT THAT YOU HAVE A RELEVANT CRIMINAL CONVICTION, YOUR APPLICATION/STUDENT STATUS WILL BE REVIEWED AND YOUR PLACE MAY BE WITHDRAWN.

10 STUDENTS UNDER THE AGE OF 18

INTERNATIONAL STUDENTS UNDER THE AGE OF 18 MUST PROVIDE ISIS WITH DETAILS OF A UK BASED GUARDIAN WHO WILL ACT AS LOCO PARENTIS THROUGHOUT THE DURATION OF THE STUDENT'S STUDY. IN THE EVENT THE STUDENT DOES NOT HAVE A UK BASED GUARDIAN, PLEASE ASK ISIS FOR FURTHER DETAILS ON HOW TO ACQUIRE THIS. IF PARENTS ARE MAKING THEIR OWN ARRANGEMENTS FOR EITHER GUARDIANSHIP SERVICES, OR IF A FRIEND OR FAMILY MEMBER IN THE UK IS TO ACT AS GUARDIAN TO THE STUDENT, PLEASE PROVIDE THE FOLLOWING DETAILS BELOW.

FAMILY NAME

FIRST NAME(S)

HOME ADDRESS

CITY OR TOWN

POST CODE

COUNTRY

HOME TELEPHONE

MOBILE TELEPHONE

11 DECLARATION

IF THE STUDENT IS UNDER 18, THIS MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN

BY SIGNING THIS DECLARATION, I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN ABOVE IS CORRECT AND ACCURATE. I UNDERSTAND THAT IF IT SHOULD BE DISCOVERED, HOWEVER BELATEDLY, THAT AN OFFER HAS BEEN MADE ON THE BASIS OF AN APPLICATION WHICH IS FOUND TO CONTAIN STATEMENTS THAT ARE FRAUDULENT, UNTRUE OR MISLEADING ISIS RESERVE THE RIGHT TO CANCEL APPLICATIONS AND WITHDRAW OFFERS. I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS.

THE DATA PROTECTION ACT 1998 PREVENTS ANY PERSON OR ORGANISATION FROM ACCESSING OR SHARING PERSONAL INFORMATION ON AN INDIVIDUAL WITHOUT THEIR EXPRESS PERMISSION. ISIS EDUCATION PARTNERSHIPS RELY ON THE ABILITY TO SHARE INFORMATION WITH OTHER PARTNER ORGANISATIONS INCLUDING THE UNIVERSITY AND POTENTIAL EMPLOYERS AND TRAINING PROVIDERS. I GIVE PERMISSION FOR INFORMATION TO BE SHARED WITH THIRD PARTY ORGANISATIONS FOR THE PURPOSES OF REFERRING MY APPLICATION AS A DIRECT STUDENT INTO THE UNIVERSITY, SECURING EMPLOYMENT OR TRAINING.

ANY SHARED INFORMATION WILL BE LIMITED TO THE MINIMUM REQUIRED TO PROVIDE BACKGROUND OF SKILLS, EXPERIENCE AND / OR QUALIFICATIONS IN ORDER TO SECURE EMPLOYMENT OR APPROPRIATE TRAINING.

SIGNED (STUDENT)

DATE SIGNED (DD/MM/YYYY)

SIGNED (PARENT/GUARDIAN)

DATE SIGNED (DD/MM/YYYY)

12 APPLICATION CHECKLIST

- I CONFIRM THAT I HAVE
- COMPLETED AN ACCURATE APPLICATION FORM
- ENCLOSED A COPY OF MY PASSPORT
- ENCLOSED FULL AND CERTIFIED FINAL CERTIFICATES (IN ENGLISH) OF MY MOST RECENT AND RELEVANT QUALIFICATIONS
- ENCLOSED FULL AND CERTIFIED TRANSCRIPTS (IN ENGLISH) OF MY MOST RECENT AND RELEVANT QUALIFICATIONS
- ENCLOSED MY MOST RECENT SECURE ENGLISH LEVEL TEST (SELT)
- ENCLOSED MY PORTFOLIO FOR MY CHOSEN ART & DESIGN PATHWAY COURSE (IF APPLICABLE)
- ENCLOSED PROOF OF AN ALTERNATIVE INSURANCE POLICY (IF APPLICABLE)
- ENCLOSED A COPY OF MY PREVIOUS TIER 4 VISA AND DETAILS OF THE UK INSTITUTION (IF APPLICABLE)
- ENCLOSED A PERSONAL STATEMENT
- ENCLOSED TWO REFERENCE LETTERS

PLEASE SEND APPLICATIONS AND SUPPORTING DOCUMENTS DIRECTLY TO:



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411 08 Göteborg
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