



Application for Full-Time Study

Please complete and return this form to:
University of Bolton, Academic Centre - Ras Al Khaimah
Western International College
P.O.Box: 16038
Ras Al Khaimah - U.A.E.

Office use only

Consultation with:

Date

This application should be accompanied by attested photocopies of relevant documents, such as certificates of your academic qualifications. Please provide English language translations of these documents where appropriate.

Title of the course you want to apply to

Stage eg.
Year 1, Year 2

Start Date
(Month/Year)

Your full name (IN BLOCK LETTERS)

Your family name (IN BLOCK LETTERS)

| | |
|------|--------|
| Male | Female |
|------|--------|

Your date of birth

| | | |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|

Your age on 1st September in the year of entry to the course

| | |
|------|-------|
| Year | Month |
|------|-------|

Your home address

Address:

Telephone (including code):

E-mail:

Fax:

Address for correspondence (if different than the above)

Address:

Telephone (including code):

E-mail:

Valid until (date):

Fax:

Education (from the age of 11 years onwards)

| | Name of School/College/University attended | Course | Date from: | To: |
|-----------|--|--------|------------|-----|
| Full-time | | | | |
| Part-time | | | | |

Please list all the examinations (including any English language tests) **which you have taken since the age of 14 for which results are known:**

| Awarding Body | Title of Examination | Subjects of Examination | Grade | Pass/Fail | Date of Award |
|---------------|----------------------|-------------------------|-------|-----------|---------------|
| | | | | | |

Please list all the examinations which you have taken for which results are awaited. Also list any examinations which you may take in the near future:

| Awarding Body | Title of Examination | Subjects of Examination | Date of Examination |
|---------------|----------------------|-------------------------|---------------------|
| | | | |

Fee Status

| | | |
|------------------|-------------|--------------------------------|
| Country of birth | Nationality | Country of permanent residence |
|------------------|-------------|--------------------------------|

Who will pay your tuition fees? (Please tick appropriate box)

| | | | |
|----------|---------------|---------|---------------|
| Yourself | Family Member | Sponsor | Your Employer |
|----------|---------------|---------|---------------|

Please give the name and address of the person/organisation who will pay your fees, if not your self

| |
|----------|
| Name: |
| Address: |

Do you have any disabilities or particular problems that might require special arrangement during your study at The University of Bolton, Ras Al Khaimah Campus, UAE

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, please give brief details

| |
|--|
| |
|--|

Please give the name and address of one education referee

| |
|----------|
| Name: |
| Address: |

I confirm that to the best of my knowledge the information given on this form is correct.

Your Signature:

Date:

For Office Use Only

| | | | |
|---------------------|---------------------------|--------------|--|
| Application Number: | Date Application Received | Online Study | Unconditional Offer/Conditional Offer/Reject |
| Sent to: | | Date: | |