

Priority Application Form



University of
HUDDERSFIELD

Queensgate, Huddersfield HD1 3DH

1. Personal Details							
Title <input type="text"/>							
Mr/Ms/Miss/Mrs etc.							
Surname/Family Name (BLOCK CAPITALS)							
First name(s)							
Previous surname, if changed							
Correspondence address							
CATEL CONTRACTS INTERNATIONAL Consultants To Industry Authorised to provide Immigration advice & services by the Immigration Services Commissioner 							
S. DEWAN MIH 28, WALTHAM HOUSE, BOUNDARY ROAD, ST. JOHNS WOOD, LONDON NW8 OJD Tel.: 44 207-6243668 Fax : 44 207-6243668 Mobile: 07951029804 (UK) / 09920196366 (INDIA) E-MAIL: catelcontracts.international@virgin.net							
Home address (if different)							
Postcode							
Telephone No (including STD code)	Daytime Evening (if different)						
Fax No:							
Sex: Male (M) <input type="checkbox"/>	Date of birth						
Female (F) <input type="checkbox"/>	<table border="1" style="display: inline-table;"> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year					
Your age on 31 December in year of entry	<input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months						

2. Disability/special needs
Please enter the appropriate code in the box provided if you have a physical or sensory disability which might in some way affect your studies at the institution or may require special facilities or treatment. (see Notes for Guidance)
<input type="text"/>
Please provide full details in Section 10. <input type="text"/>

3. Fee Status							
Country of Birth							
Country of domicile or area of permanent residence							
Applicants not born in the European Union please state:							
Date of first entry to the EU	<table border="1" style="display: inline-table;"> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year					
Date of most recent entry to the EU	<table border="1" style="display: inline-table;"> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year					
Date from which you have been granted permanent residence in the EU	<table border="1" style="display: inline-table;"> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year					
Passport Number:							
Date of Issue:							
Payment of fees							
Who is expected to pay your fees? (research Council, LEA, yourself, family member, employer, other)							
If an LEA, which one?							
Have you previously received an educational award from UK public funds? YES/NO							
If so, please provide details:							
<table border="1" style="width: 100%;"> <tr> <th>Funding Body</th> <th>Course</th> <th>Dates</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Funding Body	Course	Dates				
Funding Body	Course	Dates					

4. Details of course(s) to which you wish to apply			
Month and year in which you wish to start			
Course Title	Mode of study: full-time/sandwich/part-time/ other/ Please specify	Year of Entry	Stage ie Year 1 Year 2
Please indicate how you heard of these courses			

Confidential Statement by referee

Name of referee _____

Post/occupation/relationship _____

Address _____

Telephone No
(including STD)Fax No
(including STD)

This form may be photocopied: please type with a good black ribbon or write in black ink within the frame. Typing is very much preferred. Please affix official stamp where appropriate, at the end of the statement.

Name of applicant (*block capitals or type*) _____

 Section 8 checked
as correct

 Yes/No

 Please return to:
International Office
University of Huddersfield
Queensgate
Huddersfield HD1 3DH
UK

Signed _____

Date _____