



an Affiliate College of



Swansea University
Prifysgol Abertawe

Application form

Please print in BLOCK LETTERS

(1) Personal

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Family name:	First name(s):
Previous family name: (if applicable)	
Date of birth: / / (dd/mm/yy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student address:	
Postcode:	Country:
Country of birth:	
Home telephone:	Mobile telephone:
Email:	
Country of passport held:	Passport number:

(2) Pathway Area selection

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate
<input type="checkbox"/> Business <input type="checkbox"/> Economics <input type="checkbox"/> Computer Science	<input type="checkbox"/> Mathematics <input type="checkbox"/> Engineering <input type="checkbox"/> Politics and International Relations <input type="checkbox"/> Business <input type="checkbox"/> Health Science

Year of entry:	Month of entry: <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> June
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Your chosen Degree at Swansea University:

(3) Education details

Prior education – highest level achieved

Name of qualification (eg. 'A' Levels, Year 12, Bachelors):	Institution attended:	Country/State:	Completed: Yes/No

(4) English proficiency

Please provide details of your English language qualification.

IELTS (Score):
TOEFL (Score):
Other (HKCEE, O-levels, Cambridge):

Full academic transcripts/certificates and proof of English proficiency are important to assess your eligibility for our Pathways.

If these documents are not submitted with this form, we will not be able to process your application.

(5) Declaration of Criminal Record

In accordance with UK law, you are required to state if you have any criminal convictions.

Please indicate if you have any criminal convictions.

Yes No

(excluding spent convictions and minor motoring offences for which the penalty was a fine and/or up to 3 penalty points)

If you tick yes, you may be required to provide details.

(6) Disabilities/Special Needs

Please indicate below whether or not you will need any additional support or facilities. This information will be passed on to our Student Services team who will liaise with you to support you through the admission process and determine whether we and the University can meet your study needs.

I have no known learning/physical disability
 I have a specific learning/physical disability

Please give further details below and if necessary attach further information to this form.

(7) Have you ever studied previously in the UK?

Yes No

From: / / (dd/mm/yy) To: / / (dd/mm/yy)

Name of School/University:

(8) Other information

How did you hear about ICWS? You may tick more than one box.

Exhibition/Seminar
 Internet
 Newspaper/Magazine advertisement
 British Council
 Recommended by an ICWS representative (agent)
 Recommended by a friend or relative
 Is your friend/relative an ICWS student? Yes No

(9) Application Checklist and Declaration

We require the following section to be completed in order to process your application.

Check that you have:

Completed all sections of the Application form
 Read and understood the Conditions of Enrolment including the Fee and Refund Policy within the brochure or on the website

Check that you have attached:

Certified copies of you academic transcripts
 Evidence of your English language ability if applicable
 A copy of your passport and/or visa

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that the giving of false or incomplete information may lead to the refusal of my application or cancellation of enrolment. I give permission to obtain official records from any educational institution attended by me. I also authorise ICWS to supply any relevant official records to educational institutions to which I am seeking admission, to government bodies and to parents/sponsors if required. I understand that fees may increase annually; I accept the conditions as laid out in the Payment and Conditions of Enrolment section of the ICWS Prospectus and accept liability for the payment of all fees as outlined within. I understand that living expenses in the United Kingdom may be higher than in my own country and confirm that I am able to meet the costs.

Signature:

Date: / / (dd/mm/yy)

Parent/Guardian Signature:
 (if applicant is under 18 years of age)

Date: / / (dd/mm/yy)

Office use only

Representative Stamp

Offer Details - Admission Office

Sending your application to ICWS

ICWS
 Margam Building
 Swansea University
 Singleton Park
 Swansea, SA2 8PP
 United Kingdom

Email icws@swansea.ac.uk
 Fax +44 (0) 1792 602889