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UNIVERSITY NUMBER:
(for office use only)

APPLICATION FOR OSI/FCO Chevening/University of Warwick SCHOLARSHIP SCHEME 2010/11

ALL APPLICANTS **MUST COMPLETE THE FORM BELOW AND RETURN IT TO THE LOCAL SCHOLARSHIP CO-ORDINATOR IN THEIR HOME COUNTRY** TOGETHER WITH TWO REFERENCES AND ACADEMIC TRANSCRIPTS **BY FRIDAY 29th JANUARY 2010 AT THE LATEST**. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED BY THE UNIVERSITY.

ANY APPLICATIONS FOR THE ABOVE SCHEME SENT DIRECT TO THE UNIVERSITY AND NOT THROUGH THE LOCAL SCHOLARSHIP CO-ORDINATOR WILL NOT BE CONSIDERED.

PLEASE USE **BLOCK CAPITAL** LETTERS WHEN FILLING OUT THIS FORM.

COURSE DETAILS:

Please state the qualification for which you are applying, stating the full title as given in the Postgraduate Prospectus. Please note that the OSI/FCO Chevening/ University of Warwick Scholarship 2010/2011 is for a full-time one-year TAUGHT MASTER'S DEGREE, based in the Faculty of Social Sciences, starting in October 2010 only (The funding does **not** cover courses in the Warwick Business School, diploma, certificate, research courses, the 2-year MA in Social Work or part-time courses).

COURSE OF STUDY

DEPARTMENT

Personal information

1 Last Name (family name)
This is the name under which your file will be registered and the name you should use on any future correspondence with us

Previous surname (if applicable)

2 Title
Please add the title you normally use eg. Mr, Ms etc

3 Forename(s) (given names) in full
Please add all your forename(s) in the order in which they normally appear.

4 Date of Birth

5 Gender

Day	Month	Year
Male <input type="checkbox"/>	Female <input type="checkbox"/>	

Communication with you

6 Permanent home address
Your permanent home address. This address will also be used as the address for correspondence unless you give details below.

Postcode	Mobile
Telephone	Fax

7 Email
Please ensure you provide an up-to-date email address here

8 Correspondence address
If you are resident away from home, eg as a student, or you may be away from home for a significant period, please give your contact address(es) and dates.

FROM Day	Month	Year	TO Day	Month	Year
Postcode			Mobile		
Telephone			Fax		

Nationality and residence details

9 Nationality

10 Country of permanent residence
The country in which you have been normally resident, except for periods of temporary absence

11 Country of birth

12 Please state the number of years you, your parents and, if applicable, your spouse, have been resident in the UK or other EU country
If you are a national of a non-EU country with indefinite leave to remain in the UK please attach documentary proof eg. letter from the Home Office

Yourself	Your Parents	Your Spouse
Country	Country	Country
From	From	From
To	To	To

If you have been resident in more than one country please give dates of residence in each country

Academic History

13 Are you currently studying at an educational institution?
If yes please give the expected end date of that course

14 Qualifications held
Please state the titles of your qualification(s) as it appears on your official transcript & certificates.

Please give your academic history to date. Please do NOT attach a curriculum vitae

Name of University/College and Country	Dates attended (eg 1995-1999)	Degree(s) awarded and class eg. BA(Hons) 2.1,GPA	Degree with date	Principal subjects taken

15 Qualifications pending
Please ensure you provide an up-to-date email address here

Name of University/College and Country	Dates attended (eg 1995-1999)	Degree(s) awarded and class eg. BA(Hons) 2.1,GPA	Degree expected with date	Principal subjects taken

16 Please give details of any time spent studying in a university outside of your home country

English Language Qualifications

Have you been educated in the UK or another English speaking country?

Yes No

17 Note: Please see the Graduate School Prospectus for further information on English Language requirements

I took/will be taking a language test on (date)

Date of test

Type of test taken

IELTS

TOEFL

WELT Test

Score

The score is

References

Please name two referees

The two referees should normally be teachers in higher education and who have direct knowledge of your academic work. (Applicants with work experience may nominate a person with knowledge of their employment to act as one of their referees if a recent second academic reference is not available or this is requested for the course for which they have applied).

please remember to enclose your references with your application

Referee 1

Name:

Position:

Address:

Tel:

Fax:

Email:

Referee 2

Name:

Position:

Address:

Tel:

Fax:

Email:

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Academic interests and purpose of study

Note: all applicants must complete this section.

Please use this space to describe your special academic interests and your purpose and objectives in undertaking graduate study. You may continue on a separate sheet if necessary.

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Career History

Please give your employment history to date or other professional experience excluding vacation work

Dates from and to	Nature of work and position held	Name and address of employer

Special needs

The University welcomes applications from people with special needs and considers them on the same academic grounds as those from other candidates. It is helpful to know about your special needs in advance so that we can discuss whether facilities are available in the University. Applicants with special needs are encouraged to contact the Disability Co-Ordinator
Tel: +44 (0) 2476 150641 or
Email: disability@warwick.ac.uk

If you have special needs, please tick the boxes which are applicable to you:

- | | |
|---|--|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Need Personal Care Support |
| <input type="checkbox"/> Blind/Partially Sighted | <input type="checkbox"/> Mental Health Difficulties |
| <input type="checkbox"/> Deaf/Hearing Impairment | <input type="checkbox"/> Wheelchair user/mobility difficulties |
| <input type="checkbox"/> An unseen special need eg Diabetes, Epilepsy, asthma | |
| <input type="checkbox"/> Other special needs please specify | |

Are you a registered disabled person

- Yes No

Do you have any Criminal Convictions

For further information visit
www.warwick.ac.uk/AcademicOffice

- Yes No

22 Declaration

I hereby apply for admission to postgraduate studies at the University of Warwick and I confirm that the information provided above is correct to the best of my knowledge. I understand that any offer of admission may be withdrawn if I cannot provide documentary evidence of any statements on this form.

Signature Date

Good luck with your Application
Graduate School Office

graduateschool@warwick.ac.uk