International Student Application Form



SLIIT ACADEMY (PVT) LTD, 13th floor, BOC Merchant Tower, Colombo 03.



International Admissions University of Bedfordshire Park Square, Luton, Bedfordshire LU1 3JU United Kingdom T: +44 (0)1582 489326 F: +44 (0)1582 743469

international-admissions@beds.ac.uk

Please read the notes at the back before completing this form. It is important that you write neatly using block capitals in black ink or typescript. Please include a copy of the personal details page from your passport (the page that contains the passport number and your photo). Incomplete application forms submitted without ALL the supporting documents will delay the decision process.

Title (Mr/Mrs/Miss/Ms etc)Male/F	emale Fill	Date of birth**	dd/mm/yyyy)	
Family name		First name(s)	Fi	II
Correspondence address*		Permanent/Hom	ne address (if different)	
Home	Address			
Postcode		Postcode		
Mobile (including international code) Cont	act Number	Mobile (including in	nternational code) Whats	App Number
Telephone (including international code)	e Number	Telephone (includi	ing international code)	
Current email Current personal ema	ail			70
If you only have a PO Box address, we cannot deliver	r by Courier **Students m	nust supply a date of birth oth	nerwise online enrolment will not	be possible
2 Fee status				
2 Tee status				
Country of birth		Present national	ity Fill all	
Country of permanent residence (if UK, pleas	e state date of entry)		I III all	
Who is expected to pay your fees? (eg Gove	ernment, employer, self, fam	ily, others)		-
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Award	Programme of Study	Date (mm/yyyy)	Name of Institution	Qualification a	nd Result	Language of Study
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5 E	nglish Language red	wirements				
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7 Personal statement		
Please state your reasons for choosing on a separate piece of paper.	g the course, relevant experience, and career pl	ans. If necessary, please attach
	about your self	
8 Physical or other disabi	lity or medical condition	
Please state any condition which migh under Section 2.	nt necessitate special arrangements or facilities.	. Consult Notes for Guidance
9 References		
Names and addresses of two referees Please note MBA applicants should su	s. upply evidence of three years of work experienc	ce.
Compuls	ory to fill 2 r	eferences
10 Declaration		
Notes for Guidance, in particular those the conditions set out there.	rledge, the information given in this form is correct relating to this section. I understand these inst	tructions and I agree to abide by
	the written signature	
please read t	he instructions o	arefully

IMPORTANT NOTE

The University of Bedfordshire will take all reasonable steps to provide the educational service set out in its prospectuses. Should industrial action or other circumstances beyond the control of the University of Bedfordshire interfere with its ability to provide such a service, the University of Bedfordshire will take reasonable steps to minimise the resultant disruption. The University of Bedfordshire does not undertake any absolute obligation whatsoever to provide an educational service in the manner specified in its prospectuses or in any other document, nor does it undertake any other obligation in respect of the provision of an educational service which is more onerous than the obligations set out therein.

Should you become a student of the University of Bedfordshire, this notice shall be a term of any contract between yourself and the University. Any offer of a place made to you by the University of Bedfordshire is made on the basis that in accepting such an offer you signify your consent to the incorporation of this notice as a term of any such contract.

Notes for guidance

General

Before completing the form, please ensure that you read these notes carefully. You should also read the current University of Bedfordshire literature relating to the course(s) in which you are interested.

Mature students

The University of Bedfordshire welcomes applications from mature students, including those who do not have conventional qualifications for admission to higher education in the UK. Full account is taken of relevant experience and other educational achievements.

The Data Protection Act 1998

The information which you give on your form will be used for the following purposes:

- · To determine your eligibility for entry to the University of Bedfordshire
- To enable the University of Bedfordshire to compile statistical reports.
- To enable the University of Bedfordshire to initiate your student record.
- To share information with government departments (eg immigration office), local authorities and other bodies to prevent possible fraud and to enable them to carry out their functions.

Section 1 Personal details

Complete this section in BLOCK CAPITALS.

Section 2 Fee status

Please state your country of permanent residence and give details of who you expect to pay your fees for the proposed course.

Section 3 Details of course(s) for which you wish to apply

If you wish to indicate an order of preference for your chourse choices you may do so. If you do not indicate an order of preference then it will be assumed that you have none.

Section 4 Examinations

Enter the exact subject name used by the examining body and the name of the examining body in full. If you have qualifications obtained outside the UK, you should give details of all examinations taken as preparation for entry to higher education (eg School and Higher School Certificate, Apolytirion, Baccalaureat). Applicants with qualifications obtained in a language other than English, must attach a certified English transcript to the form. English qualifications are only required by students who have studied in languages other than English.

Section 8 Disability/special needs

Describe your condition and, where it is not obvious, indicate whether you have special needs.





[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

CurriculumVitae

Add a formal photo

d a formal photo

Full Name

ADDRESS: Fill

NAME:

MOBILE: WhatsApp Number Home: Fill

EMAIL: Current Email ID

SUMMARY

About yourself

HIGEST ACADEMIC QUALIFICATION

University/Institute

Degree Title

Duration

Award



Current Email ID

Current Email ID

WORK EXPERIENCE

Job Title	Name of Organization	Duration	Nature of Work
	Fill if you h	ave experience	

REFERENCES

Name and addresses of two referees.

1.	2.	
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compuisory	<u> 2 referenc</u>	es

I would be pleased to give you any further information if required.

I do hereby certify that the above particulars furnished by me are true and correct to the best of my knowledge.

only the written signature	
Signature	Date:

A photo of your sign can be added