

OSI/UOW 2011

UNIVERSITY NUMBER:
(for office use only)

THE UNIVERSITY OF
WARWICK

APPLICATION FOR OPEN SOCIETY FOUNDATIONS/UNIVERSITY OF WARWICK SCHOLARSHIPS SCHEME 2011/12

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 MONDAY 31ST JANUARY 2011 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 Open Society Foundations/University of Warwick Scholarship 2011/2012 is for a full-time one-year **TAUGHT MASTER'S DEGREE**, from the specified list of courses, starting in October 2011 only (The funding does not cover research or part-time courses).

COURSE OF STUDY

DEPARTMENT

Personal information

Last Name (family name)

1 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)

Title

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

Forename(s) (given names) in full

Please add all your forename(s) in the order in which they normally appear.

Date of Birth

Gender

Day

Month

Year

Male

Female

Communication with you

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

Email

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

FROM Day

Month

Year

TO Day

Month

Year

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.

Postcode

Mobile

Telephone

Fax

Nationality and residence details

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

Yourself

Country

From

To

Your Parents

Country

From

To

Your Spouse

Country

From

To

Academic History

13

Are you currently studying at an educational institution?

If yes please give the expected end date of that course

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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

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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

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

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English Language Qualifications

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

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

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

Type of test taken

Score

Yes

No

Date of test

IELTS

TOEFL

WELT Test

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:

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.

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) 24 76 150641 or Email: disability@warwick.ac.uk

Are you a registered disabled person

Do you have any Criminal Convictions
For further information visit www.warwick.ac.uk/AcademicOffice

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

- ☐ Dyslexia
 ☐ Need Personal Care Support
- ☐ Blind/partially sighted
 ☐ Mental Health Difficulties
- ☐ Deaf/ hearing impairment
 ☐ Wheelchair user/mobility difficulties
- ☐ An unseen special need eg Diabetes, epilepsy, asthma
- ☐ Other special needs please specify

☐ Yes
 ☐ No

☐ Yes
 ☐ No

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