



University of
Bedfordshire

International application form

By completing this form and submitting it to the University, you consent to the University passing your personal details contained on the form to our agent acting on our behalf in your region, who is our authorised representative.

Please ensure all sections are fully completed.

1 Personal details

Title Surname/family name (BLOCK CAPITALS)

First name(s)

Previous surname (if changed)

Sex: M / F Date of birth

Correspondence address

Postcode

Daytime telephone no. Evening telephone no.

Fax no. Email address

Home address (if different)

Postcode

Home telephone no. Mobile telephone no.

Fax no. Email address

Month and year in which you wish to start

2 Details of the course(s) you wish to attend

Course title	UCAS code (if applicable)	Module (if applicable)	Mode of study Full-time/sandwich/ part-time/other (please specify)	Stage ie Year 1, Year 2

3 Academic qualifications

Summary of qualifications held on application. Please tick all which apply

Mature student – no formal qualifications ☐ Advanced GNVQ ☐

Recognised Access Course ☐ First Degree ☐

GCSE/GCE/CSE ☐ Postgraduate Certificate/Diploma ☐

BTEC National Certificate/Diploma ☐ Masters ☐

BTEC Higher National Certificate/Diploma ☐ Other – please specify

Please ensure all sections are fully completed

4 Fee status

Country of birth Nationality

Country of domicile or area of permanent residence

Applicants not born in the European Union please state:

Date of first entry to the EU Date of most recent entry to the EU

Date from which you have been granted permanent residence in the EU

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: Funding body

Course title Dates

Have you previously studied at the University of Bedfordshire (or Luton / DMU Bedford)? YES / NO

If yes, please provide details: Course title

Date Student Ref. no

5 Work experience

Give details of work experience, training and employment.

Continue on a separate sheet if necessary

Job title	Name of organisation	Full-time or part-time	From Month Year	To Month Year

6 Last two
educational
establishments
attended

Give names and addresses of the last two educational establishments attended

Establishment	Full-time or part-time	From Month Year	To Month Year

Please ensure all sections are fully completed

7 Examinations

Applicants should list all subjects taken, whatever the result, in chronological order. If you are awaiting the result of any examination recently taken write *pending* in the result column.

[illegible]

8 Physical or other disability or medical condition

Please include any which might necessitate special arrangements or facilities

.....

.....

.....

.....

9 Names and addresses of referees

Please give the names and addresses of two people who can comment on your suitability for this course and include two references

1	2
Telephone	Telephone
Fax	Fax

Please ensure all sections are fully completed

10 Further information

Please complete this section to tell us about yourself and your reasons for wanting to study this course

This image shows a full page of a document template designed for handwritten notes or essays. It features approximately 28 evenly spaced, thin grey horizontal lines across the entire width of the page. The margins are consistent on all sides, providing ample space for writing. There are no vertical lines, headers, footers, or other markings present.

11 Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete

Applicant's signature

Date _____



Please return the completed form to:

Arzoo Consultants Pvt. Ltd.

312, 3rd Floor, Pavani Prestige, Ameerpet,

Hyderabad – 500 016. India

T +91 (040) – 2341 0048 /49 | F +91 (040) – 2341 0051

info@arzoconsultants.com

www.arzooconsultants.com