

**College of Social Sciences and Arts**

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| **APPLICATION FORM FOR ASSOCIATE STUDENTS – January Intake**  **MRes Programme - Unprogrammed route 2023-24** |

**This form should be completed by persons wishing to take individual modules (unassessed with no intended award) within the area of postgraduate/post-experience studies.**

**1 FAMILY NAME:** ............................................................................................ (Mr/Ms/Mrs/Miss)

**FIRST NAME(S):** .........................................................................................................................

**DATE OF BIRTH:** .........................................................................................................................

**NATIONALITY:** ........................................................................................................................

**2** **ADDRESS:** ......................................................................................................................................

................................................................................................................................................................

.............................................................................. **POSTCODE:** ...........................................

**3** **HOME TELEPHONE NO:** ............................................................................................................

**DAYTIME CONTACT NO:** ............................................................................................................

**MOBILE NO:** ............................................................................................................

**E-MAIL ADDRESS:** ............................................................................................................

4. **DISABILITIES AND SUPPORT NEEDS**

Type of disability

Dyslexia Blind/partially sighted

Wheelchair user



Deaf/hearing impairment

Mental Health difficulty

Personal Care Support

Multiple difficulties Hidden disabilities

(diabetes, epilepsy, etc)

Please specify

Other

Nature of support required

**5 PROFESSIONAL QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| **QUALIFICATION** | **AWARDING BODY** | **DATE OF AWARD** |
|  |  |  |

**6** **ACADEMIC QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **QUALIFICATION** | **AWARDING BODY** | **DATE OF AWARD** | **GRADE/**  **NUMBER & LEVEL OF CATS POINTS** |
|  |  |  |  |

**7** **PROFESSIONAL EXPERIENCE**

Please summarise your current role and any previous relevant experience.

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**8 MODULE CHOICES Please complete the module(s) you wish to take and complete the separate MRes Unprogrammed Module Choice Form.**

**We are unable to accept your review your application without this information:**

**9** **FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION**

Why do you wish to take the above module(s)?

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**10 DECLARATION**

I confirm that, to the best of my knowledge, the information given in this form is correct and complete. I understand that any offer of a place on the above course is subject to my acceptance of the University's terms and conditions which I have received and read. I understand what they say and I agree to abide by the conditions set out therein.

**Applicant's Signature:** ........................................................................................................................

**Date:**  ........................................................................................................................

When completed this form should be returned to the email address below by **30th November 2023:**

Email: [SSH-SASacademicadminPSP@shu.ac.uk](mailto:SSH-SASacademicadminPSP@shu.ac.uk)