**College of Social Sciences and Arts**

|  |
| --- |
| **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.

|  |
| --- |
|  |

**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)?

|  |
| --- |
|  |

**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