



PRIFYSGOL CYMRU  
**Y Drindod Dewi Sant**  
UNIVERSITY OF WALES  
**Trinity Saint David**

# INTERNATIONAL STUDENT APPLICATION FORM

Please complete this form in **BLACK** ink and **CAPITAL** letters.

Please retain the original copy and return the copy with supporting documents to the International Office, University of Wales Trinity Saint David, College Road, Carmarthen, SA31 3EP, Wales, United Kingdom. Email: [international@tsd.ac.uk](mailto:international@tsd.ac.uk)  
Fax: 01267676766. Further information is available on our website [www.trinitysaintdavid.ac.uk/en/international](http://www.trinitysaintdavid.ac.uk/en/international)

**DEADLINE:** Application deadline May 31<sup>st</sup> for Fall entry, October 31<sup>st</sup> for Spring Entry

## 1. PERSONAL DETAILS

Surname/Family Name		Forename(s) (in full)		
Previous Surname/Family Name (if applicable)	Date of Birth DD/Month/YY	Gender M/F	Marital Status	Occupation
Permanent Home Address		Correspondence Address		
Postcode/Zip Code		Postcode/Zip Code		
Telephone No. (including area code)		Telephone No. (including area code)		
Mobile No. (including area code)		Fax No. (including area code)		
Email Address		Email Address		
Passport Number and Expiration Date				
<b>Emergency Contact Details</b>				
Name		Relationship to Applicant		
Daytime Tel (including area code)		Evening Tel (including area code)		
Email Address				
Country of Domicile		Nationality		Ethnic Origin Religion (optional)
Do you have a disability or additional need(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have any medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what is the nature of your disability/medical condition?				
Special needs or support required as a consequence of any of the above:				
Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details including nature of offence				

**2. PROPOSED PROGRAMME FOR FULL TIME STUDY**

<b>Full time Undergraduate</b>	
Title of Programme	Proposed Entry (Month and Year)
<b>Full time Postgraduate Taught</b>	
Title of Programme	Proposed Entry (Month and Year)

*Please Note: For students applying for BA or MA Creative Writing please include an extract of your writing.*

**EXCHANGE AND ERASMUS ONLY**

Study Abroad / Exchange (Please name home institution and contact details)	Erasmus (Please name home institution and contact details)				
If you are applying through Erasmus, Exchange or Study Abroad, please indicate which semester you will be studying					
Fall Semester September – December	<input type="checkbox"/>	Spring Semester January – May	<input type="checkbox"/>	Full year	<input type="checkbox"/>

**WHERE DO YOU INTEND TO STUDY?**

<input type="checkbox"/> CARMARTHEN CAMPUS <input type="checkbox"/> LAMPETER CAMPUS
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**3. FINANCE**

Name of individual or organisation who will be providing your funding	Is this definite or proposed? Definite <input type="checkbox"/> Proposed <input type="checkbox"/>
If you are from the USA, do you intend on applying for a Federal Loan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Please note that evidence of financial support or award will be required prior to the enrolment</i> <i>Please refer to the UKBA website for further information on finance if you require a Tier 4 Visa</i> <a href="http://www.ukba.homeoffice.gov.uk/">http://www.ukba.homeoffice.gov.uk/</a>	



**6. ADDITIONAL INFORMATION – PERSONAL STATEMENT**

This personal statement is a chance for you to explain why you are applying for your chosen course, please tell us about any skills, achievements or experiences that you feel will help you on the proposed course.

*If this space is not sufficient you may attach additional sheets to your application form.*

7. REFERENCES	
Name of 1 <sup>st</sup> referee:	Name of 2 <sup>nd</sup> referee:
Relationship:	Relationship:
Post/Occupation:	Post/Occupation:
Name and Address of School/College/Organisation:	Name and Address of School/College/Organisation:
Tel:	Tel:
Fax:	Fax:
Email:	Email:

8. DECLARATION	
I confirm that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I understand that the University reserves the right to establish the authenticity of my application and that it reserves the right to cancel my application if it transpires that false information has been provided.	
Signature of Applicant	Date DD/MM/YY

CHECKLIST
<p>Please ensure all the documents listed below are enclosed. Incomplete applications will NOT be processed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 x Passport Photographs</li> <li><input type="checkbox"/> 2 x Certified copies of academic references</li> <li><input type="checkbox"/> Copy of examination certificates and / or transcripts</li> <li><input type="checkbox"/> Copy of IELTS or equivalent (if applicable)</li> <li><input type="checkbox"/> Copy of passport information page</li> <li><input type="checkbox"/> For students applying for BA or MA Creative Writing please include an extract of your writing</li> </ul> <p><i>Please note that you will be required to produce the original documents when applying for Tier 4 (General) Student Visa for traveling to the UK (if applicable).</i></p>

How did you hear about University of Wales Trinity Saint David:

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If you were advised by an agent, please give agency details:

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STUDENT NUMBER (For Office Use Only)

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FOR OFFICE USE ONLY			
SCHOOL DECISION <i>(please tick box)</i>	Accept Conditional <input type="checkbox"/>	Accept Unconditional <input type="checkbox"/>	Reject <i>(please provide reason(s) in comments box below)</i> <input type="checkbox"/>
International Officer DECISION <i>(please tick box)</i>	Accept Conditional <input type="checkbox"/>	Accept Unconditional <input type="checkbox"/>	Reject <i>(please provide reason(s) in comments box below)</i> <input type="checkbox"/>
Date, time and format set for Interview			
Name of Interviewer		Signature of Interviewer	Date DD/MM/YY
Comments			
Advisory Note from International Officer			
Date Application Received DD/MM/YY		Date Offer Sent DD/MM/YY	
Date Application sent to Programme Co-coordinator DD/MM/YY		Offer Letter Sent by	
Date Application returned to International Officer DD/MM/YY		Date Applicant Responded DD/MM/YY	
Date Application sent to Registry DD/MM/YY		Accepted/Rejected?	



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## Academic Reference Form for International Application (Confidential)

**Applicant:**

**Step 1:** Complete Section A.

**Step 2:** Send this form to obtain an academic reference.

**Referee:**

**Step 3:** Complete Section B.

**Step 4:** Return the completed form to International Office, University of Wales Trinity Saint David, Carmarthen, SA31 3EP U.K

Please complete in **BLOCK CAPITALS**.

### Section A – APPLICANT

Full Name:	_____
Address:	_____ _____ _____

Qualification for which you are applying:	_____
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Title of proposed degree programme:	_____
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Proposed start date:	_____
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### Section B - REFEREE

The above candidate has applied to the University to pursue study. Please complete this form to enable us to evaluate the candidate's suitability for admission to the above programme. Your reference may take the form of a letter on your institution's headed paper.

All information will be treated in the strictest confidence.

Name of Referee:	
Position:	
Address:	
Email address:	Daytime Telephone No: (including area code)

In what capacity do you know the applicant?	_____
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How long have you known the applicant?	_____
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*Continued overleaf*

Character/Personality Reference:

Suitability for the proposed scheme of study:

**If the candidate's first language is not English**, please comment on his/her level of competence:

	Written	Excellent	Good	Fair	Poor
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's Signature:

Date:

Please sign and return to International Office, University of Wales Trinity Saint David, Carmarthen, SA31 3EP Wales U.K



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## Second Reference Form for International Application (Confidential)

**Applicant:**

**Step 1:** Complete Section A.

**Step 2:** Send this form to your second referee.

**Referee:**

**Step 3:** Complete Section B.

**Step 4:** Return the completed form to Registry, University of Wales Trinity Saint David, Carmarthen, SA31 3EP Wales U.K.

Please complete in **BLOCK CAPITALS**.

### Section A – APPLICANT

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualification for which you are applying: \_\_\_\_\_

Title of proposed degree programme: \_\_\_\_\_

Proposed start date: \_\_\_\_\_

### Section B - REFEREE

The above candidate has applied to the University to pursue study. Please complete this form to enable us to evaluate the candidate's suitability for admission to the above programme. Your reference may take the form of a letter on your institution's headed paper.

All information will be treated in the strictest confidence.

Name of Referee: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Daytime Telephone No:  
(including area code) \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

*Continued overleaf*

Character/Personality Reference:

Suitability for the proposed scheme of study:

**If the candidate's first language is not English**, please comment on his/her level of competence:

	Written	Excellent	Good	Fair	Poor
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referee's Signature:

Date:

Please sign and return to International Office, University of Wales Trinity Saint David, Carmarthen, SA31 3EP Wales U.K