

LEICESTER INTERNATIONAL PATHWAY COLLEGE

APPLICATION FORM

Please complete ALL sections of the following form clearly and accurately using CAPITAL LETTERS. If information is missing from your form, or we cannot read some of the sections we may not be able to process your application. Return your application to your local representative or directly to the Pathways Admissions Team at the address shown overleaf. Please tick boxes where appropriate. If you have any queries about completing this form, please contact one of our student advisors on +44 (0)20 8312 8078 or email pathways@dmu.ac.uk. Alternatively you can book online at www.dmu.ac.uk/pathways

DMU China Office 010-65525609
application@dmuchina.cn
 Galaxy SOHO, Doncheng District, Beijing

1 PERSONAL DETAILS YOU MUST ENSURE ALL SECTIONS ARE COMPLETED ACCURATELY

TITLE
 MR MRS MS OTHER

NATIONALITY

FAMILY NAME

FIRST NAME(S)

DATE OF BIRTH (DD/MM/YYYY)
 / /

GENDER
 MALE FEMALE

NAME AS WRITTEN ON PASSPORT

PASSPORT NUMBER

PASSPORT EXPIRY DATE (DD/MM/YYYY)
 / /

COUNTRY OF BIRTH:

HOME ADDRESS

CITY OR TOWN

POST CODE

COUNTRY

HOME TELEPHONE

MOBILE TELEPHONE

CORRESPONDENCE ADDRESS IF DIFFERENT FROM HOME ADDRESS

CITY OR TOWN

POSTCODE

COUNTRY

EMAIL

SKYPE ID

2 PARENT/GUARDIAN OR SPONSOR DETAILS YOU MUST PROVIDE CONTACT DETAILS IN THE EVENT OF AN EMERGENCY

TITLE
 MR MRS MS OTHER

FAMILY NAME

FIRST NAME(S)

RELATIONSHIP TO STUDENT

HOME ADDRESS

CITY OR TOWN

POST CODE

COUNTRY

HOME TELEPHONE

MOBILE TELEPHONE

EMAIL

3 COURSE DETAILS

PLEASE SELECT THE PATHWAY COURSE YOU WISH TO STUDY

INTERNATIONAL INCORPORATED BACHELORS

INTERNATIONAL YEAR ZERO (IYZ)	SEP 2018	<input type="checkbox"/>	JAN 2019	<input type="checkbox"/>
IYZ + 6 WEEKS PSE	AUG 2018	<input type="checkbox"/>	NOV 2018	<input type="checkbox"/>
IYZ + 12 WEEKS PSE	JUN 2018	<input type="checkbox"/>	SEP 2018	<input type="checkbox"/>
INTERNATIONAL FIRST YEAR (IFY)	SEP 2018	<input type="checkbox"/>	JAN 2019	<input type="checkbox"/>
IFY + 6 WEEKS PSE	AUG 2018	<input type="checkbox"/>	NOV 2018	<input type="checkbox"/>
IFY + 12 WEEKS PSE	JUN 2018	<input type="checkbox"/>	SEP 2018	<input type="checkbox"/>
PRE TOP-UP (ONE TERM)	JUL 2018	<input type="checkbox"/>	JUL 2019	<input type="checkbox"/>
PTP ONE TERM + 12 WEEKS PSE	APR 2019	<input type="checkbox"/>		
PRE TOP-UP (TWO TERM)	APR 2019	<input type="checkbox"/>		
PTP TWO TERM + 6 WEEKS PSE	FEB 2019	<input type="checkbox"/>		
PTP TWO TERM + 12 WEEKS PSE	JAN 2019	<input type="checkbox"/>		

INTERNATIONAL INCORPORATED MASTERS (IIM)

IIM ONE TERM	JUL 2018	<input type="checkbox"/>	SEP 2018	<input type="checkbox"/>	APR 2019	<input type="checkbox"/>
IIM ONE TERM + 6 WEEKS PSE	MAY 2018	<input type="checkbox"/>				
IIM TWO TERM	JUL 2018	<input type="checkbox"/>	JAN 2019	<input type="checkbox"/>	APR 2019	<input type="checkbox"/>
IIM TWO TERM + 6 WEEKS PSE	MAY 2018	<input type="checkbox"/>	NOV 2018	<input type="checkbox"/>	JAN 2019	<input type="checkbox"/>
IIM TWO TERM + 12 WEEKS PSE	APR 2018	<input type="checkbox"/>	SEP 2018	<input type="checkbox"/>	FEB 2019	<input type="checkbox"/>

TITLE OF MAIN ACADEMIC DEGREE COURSE (AS IN PROSPECTUS)

4 EDUCATION HISTORY

HAVE YOU PREVIOUSLY BEEN GRANTED A TIER 4 VISA TO STUDY IN THE UK?

YES NO

PLEASE PROVIDE YOUR MOST RECENT EDUCATION HISTORY IN BOTH YOUR HOME COUNTRY AND IN THE UK (IF APPLICABLE)

NAME OF INSTITUTION	START DATE	END DATE	NAME OF QUALIFICATION GRANTED	GRADE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Please note: All submitted transcripts and certificates must be certified and translated into English

5 ENGLISH PROFICIENCY

YOU MUST PROVIDE EVIDENCE OF YOUR MOST RECENT SECURE ENGLISH LEVEL TEST (SELT)

IELTS	OTHER				
<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>				
COMPONENT SCORES (WHERE APPLICABLE)					
DATE TAKEN	OVERALL SCORE	READING	WRITING	LISTENING	SPEAKING
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
DO YOU PLAN TO TAKE ANY OTHER ENGLISH LANGUAGE TEST(S) BEFORE STARTING YOUR PATHWAY COURSE?					YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF EXAM	<input style="width: 100%; height: 20px;" type="text"/>			DATE DUE TO BE TAKEN	<input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/>					

6

PAYMENT OF TUITION FEES PLEASE STATE HOW YOU WILL BE FUNDING YOUR STUDIES

MYSELF

MY PARENTS

SPONSOR (PLEASE STATE)

All sponsored students must provide documentation on signed and stamped letter headed paper from your Sponsor.

7

INSURANCE

DO YOU REQUIRE INSURANCE?

YES

NO

8

ADDITIONAL INFORMATION

000 YOU DO NOT HAVE A DISABILITY

010 YOU HAVE DYSLEXIA

020 YOU ARE BLIND/PARTIALLY SIGHTED

030 YOU ARE DEAF/HAVE A HEARING IMPAIRMENT

040 YOU ARE A WHEELCHAIR USER/HAVE MOBILITY DIFFICULTIES

070 YOU HAVE AN UNSEEN DISABILITY (E.G. DIABETES, EPILEPSY)

080 YOU HAVE TWO OR MORE OF THE ABOVE DIFFICULTIES

090 OTHER (PLEASE SPECIFY)

DOES YOUR DISABILITY REQUIRE
ADDITIONAL SUPPORT?

YES

NO

If yes, we will contact you to determine appropriate support for you

YOU MUST DECLARE IF YOU HAVE A RELEVANT CRIMINAL CONVICTION, INCLUDING VIOLENCE OR DRUG DEALING. IF YOU TICK THE YES BOX, THE UNIVERSITY WILL CONTACT YOU FOR FURTHER INFORMATION.

YES

NO

IF YOU DO NOT DECLARE A RELEVANT CRIMINAL CONVICTION, AND IT COMES TO LIGHT EITHER LATER IN THE APPLICATION PROCESS, OR WHEN ENROLLED AS A STUDENT THAT YOU HAVE A RELEVANT CRIMINAL CONVICTION, YOUR APPLICATION/STUDENT STATUS WILL BE REVIEWED AND YOUR PLACE MAY BE WITHDRAWN.

9

STUDENTS UNDER THE AGE OF 18

INTERNATIONAL STUDENTS UNDER THE AGE OF 18 MUST PROVIDE OXFORD INTERNATIONAL WITH DETAILS OF A UK BASED GUARDIAN WHO WILL ACT AS LOCO PARENTIS THROUGHOUT THE DURATION OF THE STUDENT'S STUDY. IN THE EVENT THE STUDENT DOES NOT HAVE A UK BASED GUARDIAN, PLEASE ASK OXFORD INTERNATIONAL FOR FURTHER DETAILS ON HOW TO ACQUIRE THIS. IF PARENTS ARE MAKING THEIR OWN ARRANGEMENTS FOR EITHER GUARDIANSHIP SERVICES, OR IF A FRIEND OR FAMILY MEMBER IN THE UK IS TO ACT AS GUARDIAN TO THE STUDENT, PLEASE PROVIDE THE FOLLOWING DETAILS BELOW.

FAMILY NAME

FIRST NAME(S)

HOME ADDRESS

CITY OR TOWN

POST CODE

COUNTRY

HOME TELEPHONE

MOBILE TELEPHONE

10 DECLARATION IF THE STUDENT IS UNDER 18, THIS MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN

BY SIGNING THIS DECLARATION, I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN ABOVE IS CORRECT AND ACCURATE. I UNDERSTAND THAT IF IT SHOULD BE DISCOVERED, HOWEVER BELATEDLY, THAT AN OFFER HAS BEEN MADE ON THE BASIS OF AN APPLICATION WHICH IS FOUND TO CONTAIN STATEMENTS THAT ARE FRAUDULENT, UNTRUE OR MISLEADING OXFORD INTERNATIONAL RESERVE THE RIGHT TO CANCEL APPLICATIONS AND WITHDRAW OFFERS. I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS AVAILABLE HERE:

WWW.DMU.AC.UK/DOCUMENTS/DLIPC/TERMS-CONDITIONS

THE DATA PROTECTION ACT 1998 PREVENTS ANY PERSON OR ORGANISATION FROM ACCESSING OR SHARING PERSONAL INFORMATION ON AN INDIVIDUAL WITHOUT THEIR EXPRESS PERMISSION. OXFORD INTERNATIONAL EDUCATION PARTNERSHIPS RELY ON THE ABILITY TO SHARE INFORMATION WITH OTHER PARTNER ORGANISATIONS INCLUDING THE UNIVERSITY AND POTENTIAL EMPLOYERS AND TRAINING PROVIDERS. I GIVE PERMISSION FOR INFORMATION TO BE SHARED WITH THIRD PARTY ORGANISATIONS FOR THE PURPOSES OF REFERRING MY APPLICATION AS A DIRECT STUDENT INTO THE UNIVERSITY, SECURING EMPLOYMENT OR TRAINING.

WE ARE COMMITTED TO KEEPING YOUR DATA SAFE AND RESPECTING YOUR PRIVACY. IF YOU WOULD LIKE FURTHER INFORMATION ON HOW YOUR PERSONAL INFORMATION IS MANAGED PLEASE TAKE A LOOK AT OUR PRIVACY POLICY HERE:
WWW.OXFORDINTERNATIONAL.COM/ABOUT-OXFORD-INTERNATIONAL/PRIVACY-POLICY

ANY SHARED INFORMATION WILL BE LIMITED TO THE MINIMUM REQUIRED TO PROVIDE BACKGROUND OF SKILLS, EXPERIENCE AND / OR QUALIFICATIONS IN ORDER TO SECURE EMPLOYMENT OR APPROPRIATE TRAINING.

SIGNED (STUDENT)

DATE SIGNED (DD/MM/YYYY)

 / /

SIGNED (PARENT/GUARDIAN)

DATE SIGNED (DD/MM/YYYY)

 / /

11 APPLICATION CHECKLIST I CONFIRM THAT I HAVE...

- | | |
|---|--------------------------|
| COMPLETED AN ACCURATE APPLICATION FORM | <input type="checkbox"/> |
| ENCLOSED A COPY OF MY PASSPORT | <input type="checkbox"/> |
| ENCLOSED FULL AND CERTIFIED FINAL CERTIFICATES (IN ENGLISH) OF MY MOST RECENT AND RELEVANT QUALIFICATIONS | <input type="checkbox"/> |
| ENCLOSED FULL AND CERTIFIED TRANSCRIPTS (IN ENGLISH) OF MY MOST RECENT AND RELEVANT QUALIFICATIONS | <input type="checkbox"/> |
| ENCLOSED MY MOST RECENT SECURE ENGLISH LEVEL TEST (SELT) | <input type="checkbox"/> |
| ENCLOSED MY PORTFOLIO FOR MY CHOSEN ART & DESIGN PATHWAY COURSE (IF APPLICABLE) | <input type="checkbox"/> |
| ENCLOSED A COPY OF MY PREVIOUS TIER 4 VISA AND DETAILS OF THE UK INSTITUTION (IF APPLICABLE) | <input type="checkbox"/> |
| ENCLOSED A PERSONAL STATEMENT | <input type="checkbox"/> |
| ENCLOSED TWO REFERENCE LETTERS | <input type="checkbox"/> |

PLEASE SEND APPLICATIONS AND SUPPORTING DOCUMENTS DIRECTLY TO:

**DeMontfort University China Office
Galaxy SOHO
Dongcheng District
Beijing
100010
China
E application@dmuchina.cn
F +86 010-6552 5609**