## **Application for Admission to** Post-graduate Studies in 20.....



for tomorrow

## INTERNATIONAL STUDENTS

Student Number	

- 1. A candidate wishing to register for the first time at the University must please complete an application form for admission to the University as well as this form, and submit them together with the following:
  - (i) a certified copy of your degree and/or diploma certificates;
  - (ii) a complete academic record(s) issued by the previous university(ies)

۷.	The enclosed information for candidates for Honours or reference.	Masters and i	Doctors degr	ees must be	e read carefully	y. Please letaill it it	or ruture
Α.	FIELD OF STUDY		,				
1.	. DEGREE/DIPLOMA (e.g. M.A.):				TYPEOFPROPOSEDREGISTRATION:  (Indicate with an X)  1. Full-time  2. Part-time		
2.	DEPARTMENT (e.g. History):						
4.	PROPOSED TITLE OF TREATISE/DISSERTATION/THESIS (If a treatise/dissertation/thesis is required to obtain the degree):						
5.	WERE YOU PREVIOUSLY REGISTERED AT UPE?(Indicated)	te with an X):		1. YES		2.NO	
В.	YOUR NAME AND ADDRESS TO WHICH CORRESPONDENCE MUST BE DIRECTED:				E-m	ail address:	
— 1.	TITLE:	2. INITIALS:		3. SURNA	ME:		
4.	FIRST NAMES (in full):	_					
5.	ADDRESS:						
		POSTCODE:			6. TEL.: Code: Cell:	No.: Nr.:	(W) (H)
c.	ACADEMIC PARTICULARS:				Oeii.		
DE	EGREES/DIPLOMAS ALREADY OBTAINED: Year Degree or Diploma		U	niversity/Col	llege		
1.							
2.							
3.							
4.							
ΙH	IAVE READ THE ENCLOSED INFORMATION FOR POST-GRA	ADUATE STUD	DENTS.				
S	ignature of Applicant:				Date:		
L							

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D.	D. RECOMMENDATION OF HEAD OF DEPARTMENT:									
1.	RECOMMENDED			NOTRECOMM	ENDED					
2.	RECOMMENDED SUPERVISOR/PROMOTER:									
	RECOMMENDEDJOINTSU	COMMENDED JOINT SUPERVISOR/PROMOTER:								
3.	MUST THE STAFF CREDIT IN RESPECT OF THIS CANDIDATE BE DISTRIBUTED BETWEEN TWO (OR MORE) DEPARTMENTS?									
	YES IF YES, PLEASE INDICAT	E THE DEPARTMENTS	S AND DISTRIBUTION	NO N:						
	DEPARTMENTS			DISTRIBUTION%						
	Signature:			Date:						
*	Indicate with an X									

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