



# International (Non-EU) Student Application Form

## SECTION 1 - PERSONAL INFORMATION

Title (Mr, Mrs, Miss, Ms, Mx, Other):	<input type="text"/>	Passport number:	<input type="text"/>
Family name:	<input type="text"/>	Mobile number:	<input type="text"/>
Forename(s):	<input type="text"/>	Home telephone: <small>Include country code.</small>	<input type="text"/>
Date of birth (DD/MM/YY):	<input type="text"/>	Email address:	<input type="text"/>
Age on next August 31st:	<input type="text"/>	Skype Username:	<input type="text"/>
Home address: <small>This will be used by the University as your main address for correspondence unless an alternative correspondence address is provided.</small>	<input type="text"/> <input type="text"/> <input type="text"/>	Alternative correspondence address: <small>If you would like all correspondence from the University sending to an address other than your home address please provide full details here, otherwise please leave blank.</small>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>

## SECTION 2 - COURSE DETAILS

Course(s) applying for: Please provide the name of all of the courses that you are applying for e.g. Foundation Diploma in Art & Design, BA (Hons) Animation, MA Graphic Design

Proposed year of entry:	<input type="text"/>	Dates <b>not</b> available for interview (via Skype if abroad):	
		From (DD/MM/YY):	<input type="text"/>
		To (DD/MM/YY):	<input type="text"/>
Are you applying via an Overseas Education Agent? If yes please give agent contact details below. If no please leave blank.			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Agent name:	<input type="text"/>	Agent address:	<input type="text"/> <input type="text"/> <input type="text"/>
Agent phone number: <small>Include country code.</small>	<input type="text"/>	Postcode:	<input type="text"/>
Agent email address:	<input type="text"/>		

### SECTION 3 - FEE STATUS AND IMMIGRATION

Country of residence: <input style="width: 90%;" type="text"/>	Nationality: <input style="width: 90%;" type="text"/> <small>e.g. British</small>
Country of birth: <input style="width: 90%;" type="text"/>	Other Nationality: <input style="width: 90%;" type="text"/> <small>e.g. Dual Nationality</small>
Who is expected to pay your fees? <span style="margin-left: 20px;">Self-funded <input type="checkbox"/></span> <span style="margin-left: 20px;">Family <input type="checkbox"/></span>	What country have you lived in for the last 3 years?: <input style="width: 90%;" type="text"/>

If fees are being paid by a third party (including a parent) please provide further details below.  
 Leeds Arts University/We may enter into a discussion with that third party to discuss the mechanisms for payment. Please note that, in accordance with privacy laws and obligations, no further information may be divulged to any third party, including to a parent, even in the case where they are paying a student's fees.

Full name: <input style="width: 90%;" type="text"/>	Address: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
Phone number: <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Email address: <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Relationship to applicant: <input style="width: 90%;" type="text"/>	Postcode: <input style="width: 90%;" type="text"/>

Have you ever studied previously in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a UK Visa application refused? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes please give the reason below:

### SECTION 4 - EDUCATION AND QUALIFICATIONS

Please use the table below to list your completed qualifications and achieved grades.

Name of School/Education Establishment	Qualification Level <small>e.g. IGCSE, International Baccalaureate</small>	Subject <small>e.g. Visual Arts</small>	Examining Board <small>e.g. Cambridge International Examinations</small>	Date taken <small>(DD/MM/YY)</small>	Result



SECTION 6 - EDUCATION AND QUALIFICATIONS

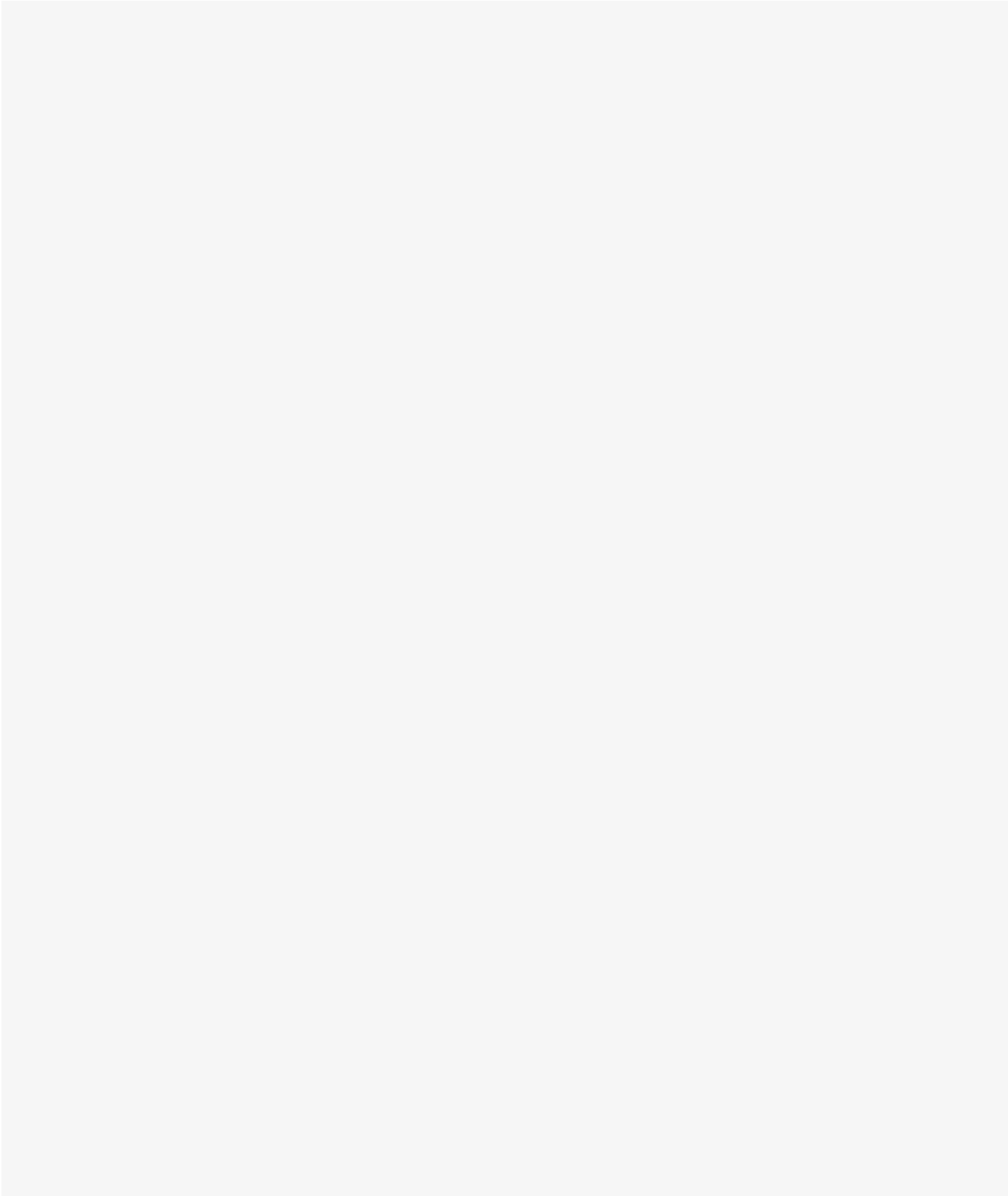
Please use the space below to provide us with any other information that will support your application\*.

You should include:

- why you wish to apply for this course(s)
- the skills and strengths you have to offer
- your interests and any voluntary activities
- employment and work experience

\*If you are applying for the **MA Creative Practice** please outline the proposed direction of your MA study.

You should include your potential research ideas/themes.



## SECTION 7 - ADDITIONAL SUPPORT

This section is designed to enable us to provide appropriate resources to assist you. The University wishes to ensure that it complies with the requirements of the Equality Act 2010. If you are a disabled person, please ensure that we know what you need so that we can make all reasonable adjustments to help you succeed.

<b>I do not have a disability</b>	<input type="checkbox"/>	I need personal care or assistance	<input type="checkbox"/>	I have a disability that cannot be seen e.g. diabetes, epilepsy or a heart condition. Please provide details below.	<input type="checkbox"/>
I have dyslexia	<input type="checkbox"/>	I have mental health difficulties	<input type="checkbox"/>	<input type="text"/>	
I am blind or partially sighted	<input type="checkbox"/>	I am deaf or hard of hearing	<input type="checkbox"/>	<input type="text"/>	
I use a wheelchair or have mobility issues	<input type="checkbox"/>	I have an active CAF		I have a disability, special need or medical condition that is not listed. Please provide details below.	<input type="checkbox"/>
				<input type="text"/>	
				<input type="text"/>	

## SECTION 8 - EQUAL OPPORTUNITIES

To enable us to improve the services we offer, please complete the following information which will be used to develop and monitor equality and diversity in the University. Please tick any of the boxes that apply to you, and provide further details where relevant.

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="text"/>	Prefer not to say	<input type="checkbox"/>
31 English/Welsh/Scottish/ Northern Irish/British	<input type="checkbox"/>	32 Irish	<input type="checkbox"/>	33 Gypsy or Irish Traveller	<input type="checkbox"/>	34 Any other white background	<input type="checkbox"/>
35 White and Black Caribbean	<input type="checkbox"/>	36 White and Black African	<input type="checkbox"/>	37 White and Asian	<input type="checkbox"/>	38 Any other mixed/multiple ethnic background	<input type="checkbox"/>
39 Indian	<input type="checkbox"/>	40 Pakistani	<input type="checkbox"/>	41 Bangladeshi	<input type="checkbox"/>	42 Chinese	<input type="checkbox"/>
43 Any other Asian back- ground	<input type="checkbox"/>	44 African	<input type="checkbox"/>	45 Caribbean	<input type="checkbox"/>	46 Any other black/African/ Caribbean background	<input type="checkbox"/>
47 Arab	<input type="checkbox"/>	98 Any other ethnic group	<input type="checkbox"/>	99 Not known/not provided	<input type="checkbox"/>		

## SECTION 9 - SIGNATURE

I agree to Leeds Arts University processing personal data which includes sensitive data, contained in this form and the attached student reference. I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any other legitimate reason. I understand that this information will be provided to any other organisation which has a statutory right to receive it.

Signature of applicant:

Date (DD/MM/YY):

Please complete your application as soon as possible and send to [international@leeds-art.ac.uk](mailto:international@leeds-art.ac.uk)

Along with your application please make sure that you have included:

- Student Reference Form
- Photocopy/scan of your passport information page
- Photocopy/scan of your achieved qualification certificates

If handwritten please post to:

**International Office  
Leeds Arts University  
Blenheim Walk  
Leeds  
LS2 9AQ**

If you have any questions about your application please contact us via email [international@leeds-art.ac.uk](mailto:international@leeds-art.ac.uk) or by telephone on **0113 202 8000** and ask for International.



# International Student Reference Form

This form should be completed by a course tutor/teacher at the student's current or most recent education establishment.  
Please be advised that this reference may be shared with the applicant and as such is not confidential.

## SECTION 1: APPLICANT INFORMATION

Name of applicant: (must match name provided on student application form)

Course applying for: e.g. Foundation Diploma in Art & Design, BA (Hons) Animation

## SECTION 2 - REFEREE INFORMATION

Name:

Employer Address:

Job title:

Employer:

Postcode:

## SECTION 2: APPLICANT'S RECORD

Please give your assessment of the applicant's record.

	Excellent	Good	Average	Has some difficulties and problems	Has considerable weaknesses
Attendance/motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further study potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give your assessment of the applicant's likely attainment in examinations/assessment specifying qualification level.

e.g. Level 1, 2, 3

Level:	<input type="text"/>	Qualification:	<input type="text"/>	Predicted grade:	<input type="text"/>
Level:	<input type="text"/>	Qualification:	<input type="text"/>	Predicted grade:	<input type="text"/>
Level:	<input type="text"/>	Qualification:	<input type="text"/>	Predicted grade:	<input type="text"/>
Level:	<input type="text"/>	Qualification:	<input type="text"/>	Predicted grade:	<input type="text"/>
Level:	<input type="text"/>	Qualification:	<input type="text"/>	Predicted grade:	<input type="text"/>

### SECTION 3: APPLICANT'S SUITABILITY

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Please give your comments on the suitability of the applicant for the course, and any other details you feel may be relevant.

### SECTION 4: HEALTH AND SAFETY

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Has the applicant any medical or physical problems (e.g. asthma, epilepsy, hearing difficulties) that we should be aware of for health and safety reasons? (Please note: Data Protection Legislation requires that the specific consent of applicants be obtained for this information to be included).

Yes

No

**If Yes please give details below:**

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This form may be sent with the application form, or you can return it separately to the following address:

**international@leeds-art.ac.uk**

If handwritten please post to:

**International Team  
Leeds Arts University  
Blenheim Walk  
Leeds  
LS2 9AQ**

If you need any further information please get in touch at  
**international@leeds-art.ac.uk**