



NTC

Postgraduate Research Application

Full Name

First Name

Middle Name

Last Name

COURSE TITLE (Please select the course to which you are applying)

Research Degrees

Master of Philosophy

Doctor of Philosophy

Doctor of Philosophy (Practice-based)

Method of Study

Full-time

Part-time

PROPOSED DATE OF ENTRY

Month

Year

Enrolment for research degrees is in September or January of each year. Enrolment for the practice-based PhD is in September ONLY.

RESEARCH TOPIC

Subject area:

PERSONAL INFORMATION

DATE OF BIRTH:

PLACE OF BIRTH:

NATIONALITY

**COUNTRY OF
RESIDENCE DURING
THE PAST YEAR**

MARITAL STATUS

- SINGLE
- MARRIED
- OTHER

**SPOUSE'S NAME
(if applicable)**

**NAMES AND AGES OF
CHILDREN, IF ANY**

Home Address

Street Address

Street Address Line 2

City County / State / Province

Postal / Zip Code Country

E-MAIL

PHONE NUMBER:

**RELIGIOUS
DENOMINATION**

**HOME CHURCH or
PARISH**

**MINISTERIAL STATUS
(IF APPLICABLE)**

**Are you applying to live
in the College Residence
halls?**

- YES
- NO

FINANCIAL INFORMATION

**What financial
arrangements have you
made to meet the fees for
the course?**

**Specify what financial
obligations you will have
apart from your fees
while in College:**

Will you need to take outside work while studying at College? YES NO

MEDICAL INFORMATION

Do you have any physical, mental or emotional disability which might adversely affect the successful completion of your course of study?

YES NO

If "Yes", please specify:

Do you have a Specific Learning Difficulty (such as dyslexia)? YES NO If "Yes", has it been clinically diagnosed? YES NO

EDUCATIONAL BACKGROUND

Students must provide original documentary evidence of all qualifications claimed, in the form of examination certificates, diplomas and/or academic transcripts. If these are not immediately available, it is the responsibility of the applicant to contact the educational institutions concerned to request this information to be forwarded direct to the Registrar. Ahead of this, applicants may upload electronic copies using the links provided.

1. Post-Secondary Education (University or College)

List your previous schools, beginning with the most recent:

UNIVERSITY or COLLEGE:

FIRST ATTENDED: LAST ATTENDED:

GRADUATED: DATE GRADUATED:

SUBJECT

DEGREE and CLASS

UNIVERSITY or COLLEGE:

FIRST ATTENDED: LAST ATTENDED:

GRADUATED: DATE GRADUATED:

SUBJECT

DEGREE and CLASS _____

UNIVERSITY or COLLEGE: _____

FIRST ATTENDED: _____

LAST ATTENDED: _____

GRADUATED: _____

DATE GRADUATED: _____

SUBJECT _____

DEGREE and CLASS _____

2. Other Post-Secondary Education and Training

NAME and LOCATION: _____

FIRST ATTENDED: _____

LAST ATTENDED: _____

QUALIFICATION _____

NAME and LOCATION: _____

FIRST ATTENDED: _____

LAST ATTENDED: _____

QUALIFICATION _____

NAME and LOCATION: _____

FIRST ATTENDED: _____

LAST ATTENDED: _____

QUALIFICATION _____

3. English Proficiency

Is English your first language? YES
NO

IELTS Score: _____

An IELTS score of 6.5 is required for postgraduate study at NTC.

EMPLOYMENT AND EXPERIENCE

Full-time employment history (including at least the last three years)

Nature of Employment _____

Employer's Name _____

Employed from:

Employed to:

Nature of Employment

Employer's Name

Employed from:

Employed to:

Nature of Employment

Employer's Name

Employed from:

Employed to:

REFERENCES

POSTGRADUATE RESEARCH APPLICANTS:

Please supply the names and addresses of **TWO academic referees** able to comment on your suitability for the proposed course of study. When the application has been received, the college will contact the referees with the appropriate forms. You will be notified when your application is complete.

Referee 1

Referee's name

Title	First Name	Last Name
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Address:

Referee's E-mail:

Referee 2

Referee's name

Title	First Name	Last Name
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Address:

Referee's E-mail:

Sample of Written Work

APPLICATION FEE

An application fee of **£40 must be paid** before the application is processed.

DECLARATION

I certify that the above information is correct to the best of my knowledge.

Name of Applicant _____

Date