



K E E L E
UNIVERSITY

ACADEMIC REGISTRY
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APPLICATION FOR INTERCALATED DEGREE STUDY

PROPOSED COURSE OF STUDY
Course:
School:
Proposed Start Date:

PERSONAL DETAILS				
Surname / Family Name			Other Names (in full)	
Title (Mr, Mrs, etc)	Marital Status	Male/Female	Date of Birth	
			Day	Month
Nationality				
Country of Birth			Country of Residence	
Home Address			Address for Correspondence (if different from home address)	
Post Code			Post Code	
Home Telephone No:			Telephone No:	
Fax No:			Fax No:	
E-mail:			E-mail:	

REFEREES (please provide name and contact details of 2 referees)Name:
Address:Name:
Address:Telephone:
Email:Telephone:
Email:**CURRENT INSTITUTION**

Name of Institution

Stage of degree

Exam results (if known)

EDUCATIONAL QUALIFICATIONS (please state most recent first)

Examination Level (GCSE, A-level, degree, certificates)

Institutions/
Awarding
Body

Subject

Result
(Grade,
Credits, Level)

Date

PROFESSIONAL QUALIFICATIONS (including courses not completed or failed)

Awarding Body	Qualification	Result	Date

EMPLOYMENT DETAILS (most recent first)

From	To	Employers Name and Address	Position Held	P/T F/T	Reason for Leaving

PERSONAL STATEMENT Please explain (in not more than 300 words) why you wish to undertake an intercalated degree in the subject area you have chosen (please use additional sheet if required)

