

APPLICATION FORM 2020/2021

PERSONAL DETAILS

Title	MR / MISS / MS / MRS / MX / OTHER		
Family Name		First Name(s)	
Date of Birth		Nationality	
Country of Residence		Contact Telephone No.	
Email Address			
Address			

PARENT / LEGAL GUARDIAN / SPONSOR DETAILS

Full Name	
Address	
Contact Telephone No.	
Email Address	

COURSE DETAILS

Expected Start Date	
UFP Pathway	
Intended Degree	
Ideal University	

QUALIFICATIONS

School Leaving Qualification	
Year of Completion	
Name of School	

MEDICAL HISTORY

Do you have any existing conditions or are you receiving treatment that may reasonably be expected to effect your studies or your ability to study?

e.g. dyslexia, ADHD, depression, epilepsy etc.

YES	NO
If you have ticked "Yes", please give more details:	

FINANCES AND OTHER

PLEASE NOTE THAT THE UFP IS A FEE-PAYING COURSE AND FINANCE IS NOT AVAILABLE

Who will be paying your tuition fees?			
Full Name / Company Name of Fee Payer			
Have you held a UK Visa previously, or hold one currently?	YES		NO
If you ticked "Yes" to the above, please give further details:			
How did you hear about the UFP?			

DECLARATION

I hereby confirm that to the best of my knowledge, all the information given in this form is complete, correct and true.

SIGNATURE:

DATE:

Please send this completed form, along with a copy of your passport, qualifications and IELTS certificate (if you have one), by post or email, to:

**Admissions Office,
University Foundation Programme (UFP),
David Game College,
31 Jewry Street,
London,
EC3N 2ET**

**Email: admissions@ufp.uk.com
Tel: +44 (0) 207 727 7774
Fax: +44 (0) 207 481 1353
Website: www.ufp.uk.com**