



**Please use one Application only**  
**APPLICATION FOR ADMISSION**

When completed, this application and supporting documents should be sent (by registered Air Mail from overseas) to the Registrar  
**AUL**

**97-101 Seven Sisters Road N7 7QP, United Kingdom**  
**Tel: +44 (0) 207 263 2986 - Fax: +44 (0) 207 281 2815**

ADMITTED Yes <input type="checkbox"/> No <input type="checkbox"/> ACADEMIC YEAR BEGINNING ON _____ / / _____ FOR AUL USE ONLY <span style="float:right">REGISTRAR</span>	FOUR RECENT COLORED PHOTOGRAPHS
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*Please make sure to fill the form completely, using block letters and writing clearly*

**PERSONAL DETAILS**

First Name(s) _____	Family Name _____
Father's Name _____	Mother's Name _____
Home( Permanent)Address _____	Address for _____
_____	Future _____
_____	Correspondence _____
_____	(if different) _____
Telephone No. _____	Telephone No. _____
Fax: No. : _____	Email Address: _____
Date of Birth(Mo/Day/Yr) _____	Married <input type="checkbox"/> Single <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality _____	Native Language _____
Present Occupation/Position _____	

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**PROPOSED FACULTY/SCHOOL AT AUL** \_\_\_\_\_

**OR ITS AFFILIATED COLLEGE (name, if applicable)** \_\_\_\_\_

Qualification Aimed for	PhD <input type="checkbox"/>	MS <input type="checkbox"/>	LLM <input type="checkbox"/>	MA <input type="checkbox"/>	MBA <input type="checkbox"/>
	MEd <input type="checkbox"/>	Diploma <input type="checkbox"/>	BS <input type="checkbox"/>	BA <input type="checkbox"/>	BBA <input type="checkbox"/>
	Other <input type="checkbox"/>	ertificate <input type="checkbox"/>	Non-degree Courses <input type="checkbox"/>	ic(Associate of Science) <input type="checkbox"/>	<input type="checkbox"/>
				ABA(Associate of Business Administration) <input type="checkbox"/>	<input type="checkbox"/>

**Subjects/ Specialisation:** \_\_\_\_\_

(Proposed starting date) September  January  May  July  Year/\_\_\_\_\_/

(Full-time)  (Part-time )  (Distance Education)

If part-time, what proportion of your time do you have to spend on the course each week? \_\_\_\_\_

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**Financial Arrangements: How do you expect to be financed during your studies?** \_\_\_\_\_

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**QUALIFICATIONS: ACADEMIC QUALIFICATIONS**

Please note: All applicants **must** provide proof of their qualifications

Overseas applicants must enclose a transcript of their academic record, giving their marks or grades in each year of their course, program of study.

S. No.	Qualification with Grades	Subjects	College/University (City, Country)	from	to	Date Awarded

**Other Qualifications** (please specify nature, subject, awarding body and date awarded)

\_\_\_\_\_

**Professional Experience**

\_\_\_\_\_

**English Language Requirement**

All candidates whose native language is not English must satisfy AUL English language requirement. Please give below your English language qualification or evidence of your proficiency in English.

\_\_\_\_\_

\_\_\_\_\_

**Referees:** Give the names, titles, and full address of two referees who can inform the college of your academic ability, your Character and your capacity for advanced study.

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL RELEVANT INFORMATION** (please give any information you feel is relevant to your course study)

\_\_\_\_\_

\_\_\_\_\_

**Where did you come to know about AUL?** \_\_\_\_\_

This document is a form of application only. The University reserves the right to refuse admission to any candidate. False or misleading information given on this form or academic credentials will result in rejection of the application or Consequence expulsion without refund of fees.

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ /2006

**Remark:** No. Application will be considered unless accompanied by the registration fee of **£300**

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