

Undergraduate Application Form

Before completing this form, please ensure that you have read the guidance notes thoroughly. Please complete in black ink using BLOCK CAPITAL LETTERS.

Section 1 Personal details

Title (Mr/Ms/Mrs/Ms)		Surname/family name	
Forenames (in full)			
Preferred first name			
Previous surname/family name (if applicable)			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>
Home/permanent address		Correspondence address (if different)	
Postcode (UK only)		Postcode (UK only)	
Country		Country	
Telephone number		Mobile number	
Fax number		Email address	
Unique Learner Number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Section 2 Programme of study

Title of course applied for (e.g. BSc Biology)				
Mode of study	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Start date <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>	Point of entry
Location	Distance learning <input type="checkbox"/>	Campus-based <input type="checkbox"/>	Campus	
Alternative choice				
Have you studied at the University of Portsmouth previously?				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If yes, which course(s)?		Year of leaving		Student number

Undergraduate Application Form University Of Zambia 2015

Jicheng Xie



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