



The Muslim College

20 – 22 Creffield Road
Ealing
London
W5 3RP

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Fax: +44 (0)20 8993 3946

e-mail: fassialh@muslimcollege.ac.uk

Website: www.muslimcollege.ac.uk

Company Registration No: 1690007

Affix Photo
Here

STUDENT APPLICATION FORM

1. PERSONAL DETAILS

Title (Please circle):

Mr.

Mrs.

Miss.

Ms.

Marital Status:

Single

Married

Forename: _____

Surname: _____

Address:

(Permanent)

Address:

(Correspondence)

Postcode: _____

Postcode: _____

Tel: _____

Tel: _____

Fax: _____

Fax: _____

e-mail: _____

Date of Birth:

/ /

Nationality: _____

Country of Birth: _____

Country:

(Of Residence)

Disabilities/Special Needs: _____

2. ACADEMIC QUALIFICATIONS

Please give details of post 16 qualifications (A-levels or equivalent)

Name of Qualification (e.g. A Level, BTEC) <small>(Including examining body)</small>	Subject	Grade/Percentage	Exam Date <small>(Month/Year)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE GIVE DETAILS OF UNIVERSITIES/COLLEGES ATTENDED

(Including degrees obtained/courses followed, or which are still in progress)

University/College (with Address)	Course/Degree	To <small>(Month/Year)</small>	From <small>(Month/Year)</small>	Results
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROFESSIONAL/OTHER QUALIFICATIONS

PLEASE GIVE DETAILS OF ANY RECENT EMPLOYMENT/WORK EXPERIENCE

Employer	University/College (with Address)	Role	To <small>(Month/Year)</small>	From <small>(Month/Year)</small>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please state your first language: _____

English Language Qualification:
(If english is not your first language)

Overseas applicants are required to show proof of proficiency in English Language (minimum level: IELTS 6.5)

PLEASE STATE OTHER LANGUAGES YOU KNOW, INDICATING LEVEL OF PROFICIENCY

_____	<input type="checkbox"/> Excellent/Good	<input type="checkbox"/> Working Knowledge	<input type="checkbox"/> Reading/Writing
_____	<input type="checkbox"/> Excellent/Good	<input type="checkbox"/> Working Knowledge	<input type="checkbox"/> Reading/Writing
_____	<input type="checkbox"/> Excellent/Good	<input type="checkbox"/> Working Knowledge	<input type="checkbox"/> Reading/Writing

3. NEXT OF KIN

Please give details of next of kin or someone who can be contacted in case of emergencies.

Name:	_____	Telephone:	_____
Address:	_____	Fax:	_____
	_____	e-mail:	_____
	_____		_____
Postcode:	_____		

4. REFEREES

Please give details of two referees. At least one should be academic.

REFEREE 1

Name:	_____
Address:	_____

Postcode:	_____
Telephone:	_____
Fax:	_____
e-mail:	_____

REFEREE 2

Name:	_____
Address:	_____

Postcode:	_____
Telephone:	_____
Fax:	_____
e-mail:	_____

5. DECLARATION

I confirm that the information supplied by me on this form is correct. I also agree that should I be admitted to the Muslim College, I will adhere to the regulation set by the college.

Signature of Applicant: _____ Date: _____

Please include with this form:

1. Proof of proficiency in the English Language. [For overseas applicants]
2. Photocopy of certificates.
3. Evidence of name and date of birth.
4. Passport Photo

Once completed, please return this application form to: **The Muslim College**
20 – 22 Creffield Road
Ealing
London W5 3RP
United Kingdom

FOR OFFICIAL USE ONLY

Date of Receipt:	<input type="text"/>	Reference Number:	<input type="text"/>
Acceptance Code:	<input type="text"/>	Interview:	<input type="text"/>
Tutor:	<input type="text"/>	Further Remarks:	<input type="text"/>
			<input type="text"/>
			<input type="text"/>

