

OFFICE USE ONLY

APPLICANT REFERENCE NUMBER: _____

DATE RECEIVED: _____

UNDERGRADUATE APPLICATION FORM

The completed form should be returned either by hand to AFG College with the University of Aberdeen, Building 98, Zone 40, Ali Bin Abi Talib Street, 820, Doha, Qatar or by email: admissions@afg-aberdeen.edu.qa

PLEASE COMPLETE ALL SECTIONS BELOW

SECTION 1: PERSONAL DETAILS (AS SHOWN ON YOUR PASSPORT)		PLEASE USE CAPITAL LETTERS
SURNAME/FAMILY NAME		
FIRST NAME		
SECOND NAME		
THIRD NAME		
PREVIOUS NAME (If applicable)		
TITLE (Please circle one option)	MR	MRS MISS
DATE OF BIRTH		
COUNTRY OF BIRTH		
NATIONALITY		

SECTION 2: CONTACT DETAILS		PLEASE USE CAPITAL LETTERS
HOME ADDRESS LINE 1		
HOME ADDRESS LINE 2		
HOME ADDRESS LINE 3		
HOME ADDRESS LINE 4		
P.O. BOX		
TELEPHONE NUMBER (with Country code)	#1: _____ Name: _____	#2: _____ Name: _____
ALTERNATIVE PHONE NUMBER		
EMAIL ADDRESS		

SECTION 3: EDUCATIONAL QUALIFICATIONS				PLEASE USE CAPITAL LETTERS
Please list in chronological order your academic, professional and other qualifications including those which are not completed				
QUALIFICATION TITLE, SUBJECT AND LEVEL (i.e. THANAWIYAH, IGCSE, AS, A2, IB)	NAME OF INSTITUTION (E.G. UNIVERSITY, COLLEGE OR SCHOOL)	RESULT OR GRADE	DATE OF AWARD OR ANTICIPATED AWARD	

SECTION 4: EMPLOYMENT HISTORY				PLEASE USE CAPITAL LETTERS	
Please list periods of employment in chronological order.					
DATE FROM (Month/Year)	DATE TO (Month/Year)	EMPLOYER		POSITION HELD	
SECTION 5: ENGLISH LANGUAGE REQUIREMENTS					
WE REQUIRE IELTS 5.5 OR ABOVE (WITH MINIMUM OF 5.0 IN ALL SECTIONS) OR AN EQUIVALENT QUALIFICATION.					
WAS YOUR MOST RECENT ACADEMIC QUALIFICATION TAUGHT IN ENGLISH (Please circle one option)			YES	NO	
IF YES, PLEASE MOVE ON TO SECTION 6 IF NO, PLEASE PROVIDE EVIDENCE OF YOUR PROFICIENCY IN ENGLISH					
IELTS SCORE:		TOEFL SCORE:		CAMBRIDGE CERTIFICATE OF ENGLISH:	
TEST DATE:		TEST DATE:		TEST DATE:	
OTHER: (Please provide details)					
SECTION 6: DETAILS OF YOUR STUDIES					
WHICH PROGRAMME ARE YOU APPLYING FOR? (Please circle one option)	<input type="checkbox"/> MA (HONS) BUSINESS MANAGEMENT <input type="checkbox"/> MA (HONS) BUSINESS MANAGEMENT & INTERNATIONAL RELATIONS <input type="checkbox"/> MA (HONS) ACCOUNTANCY AND FINANCE <input type="checkbox"/> MA (HONS) POLITICS AND INTERNATIONAL RELATIONS <input type="checkbox"/> BSc (HONS) COMPUTING SCIENCE <input type="checkbox"/> BSc (HONS) BUSINESS MANAGEMENT & INFORMATION SYSTEMS				
WHICH YEAR ARE YOU APPLYING FOR ENTRY? (Please circle one option)	YEAR 1	1, 2 nd Semester	YEAR 2	2, 2 nd Semester	YEAR 3
HOW ARE YOU FUNDING YOUR STUDIES? (Please circle one option)	SELF-FUNDING		SPONSORSHIP		TO BE DECIDED

SECTION 7: HOW DID YOU HEAR ABOUT US?		
Please circle up to three of the following options		
SOCIAL MEDIA		
PLEASE SPECIFY:		
<input type="checkbox"/> Instagram	<input type="checkbox"/> YouTube	
<input type="checkbox"/> Facebook	<input type="checkbox"/> X (Twitter)	
<input type="checkbox"/> LinkedIn	<input type="checkbox"/> Other: _____	
NEWSPAPER	FRIEND OR FAMILY MEMBER	
PLEASE SPECIFY: _____	PLEASE SPECIFY: _____	
VISIT TO YOUR SCHOOL	SEARCH ENGINE	
PLEASE SPECIFY: _____	PLEASE SPECIFY:	
	<input type="checkbox"/> Google	
	<input type="checkbox"/> Other: _____	
OTHER		
PLEASE SPECIFY:		
<input type="checkbox"/> SMS Campaign		
<input type="checkbox"/> Website		
<input type="checkbox"/> Open Day		
<input type="checkbox"/> Workshop: _____		
<input type="checkbox"/> University EXPO		
<input type="checkbox"/> Other: _____		
SECTION 8: FURTHER INFORMATION		PLEASE USE CAPITAL LETTERS
GENDER (Please circle one option)	MALE	FEMALE
MARITAL STATUS (Please circle one option)	MARRIED	SINGLE
DO YOU HAVE A DISABILITY OR LONG-TERM HEALTH CONDITION? (Please circle one option)	NO	YES

<p>IF YES, WOULD YOU LIKE TO HAVE A CONFIDENTIAL MEETING WITH STUDENT SERVICES OR THE NURSE TO SEE HOW BEST WE CAN SUPPORT YOUR STUDIES? (Please circle one option)</p>	NO	YES
<p>PLEASE CAN YOU INDICATE THE NATURE OF YOUR DISABILITY OR LONG-TERM HEALTH CONDITION?</p>	<p>You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.</p> <p>You are blind or have a serious visual impairment uncorrected by glasses.</p> <p>You are deaf or have a serious hearing impairment.</p> <p>You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.</p> <p>You have a mental health condition, such as depression, schizophrenia or anxiety disorder.</p> <p>You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.</p> <p>You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.</p> <p>You have a disability, impairment or medical condition that is not listed above.</p> <p>You have two or more impairments and/or disabling medical conditions.</p>	

DECLARATION	
<p>I certify that the information given in this application is correct and complete. If I am admitted to the University I undertake to observe the University's regulations and to ensure payment of tuition fees and other financial liabilities to the University. I agree that AFG College with the University of Aberdeen may process personal data contained in this form, or other data which the College and University may obtain from me or other people whilst I am an applicant and student, for any purposes connected with my application or programme of study or for any other legitimate reason. Our methods of contacting you may vary, including in writing, by e-mail, by telephone, in person or by SMS.</p>	
Signature of Applicant:	Date: