



OFFICE USE ONLY		
APPLICANT REFERENCE NUMBER:		
DATE RECEIVED:		

POSTGRADUATE 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	OTHER
DATE OF BIRTH				
COUNTRY OF BIRTH				
NATIONALITY				





SECTION 2: CONTACT DETA	ILS	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		
(include Country code if not Qatar)	#1:	#2:
•	Name:	Name:
ALTERNATIVE PHONE		
NUMBER		
EMAIL ADDRESS		

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

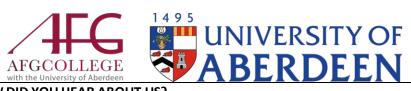


SECTION 4: EMPLOYMENT HISTORY



PLEASE USE CAPITAL LETTERS

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••	
DECIDED	



SECTION 7: HOW DID YOU HEAR ABOUT US?			
Please circle up to three of the following options			
	SOCIAL N	MEDIA	
PLEASE SPECIFY:			
□ Insta	_	☐ YouTube	
□ Face		☐ X (Twit	•
□ Link	edIn	☐ Other:	
NEWSPAPER		FRIEND OR FAMILY MEMBER	
PLEASE SPECIFY:		PLEASE SPE	CIFY:
VISIT TO YOUR INSTITUTION	ON		SEARCH ENGINE
		PLEASE SPE	CIFY:
PLEASE SPECIFY:		☐ Google	2
		☐ Other:	
OTHER			
PLEASE SPECIFY:			
☐ SMS Campaign			
☐ Website			
□ Open Day			
□ Workshop:			
☐ University EXPO			
□ Other:	-		
SECTION 8: FURTHER INFORMATION	T		PLEASE USE CAPITAL LETTERS
GENDER			
(Please circle one option)	MAI	LE	FEMALE
AAADITAL CTATUC			
MARITAL STATUS	MARRIED		SINCLE
(Please circle one option)	IVIARK	IIED	SINGLE
DO YOU HAVE A DISABILITY OR			
LONG-TERM HEALTH CONDITION?	NO		VEC
(Please circle one option)	NC)	YES
IF YES, WOULD YOU LIKE TO HAVE A			
CONFIDENTIAL MEETING WITH			
STUDENT SERVICES OR THE NURSE		١	YES
TO SEE HOW BEST WE CAN)	152
SUPPORT YOUR STUDIES?			
(Please circle one option)			





PLEASE CAN YOU INDICATE THE NATURE OF YOUR DISABILITY OR	You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.		
LONG-TERM HEALTH CONDITION?	You are blind or have a serious visual impairment uncorrected by glasses.		
	You are deaf or have a serious hearing impairment.		
	You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.		
	You have a mental health condition, such as depression, schizophrenia or anxiety disorder.		
	You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.		
	You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.		
	You have a disability, impairment or medical condition that is not listed above.		
	You have two or more impairments and/or disabling medical		

DECLARATION

conditions.

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.

methods of contacting you may vary, including in writing, by e-mail, by telephon SMS.	e, in person or by
Signature of Applicant:	Date: