

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 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 (include Country code if not Qatar)	#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 6.5 with: Listening - 5.5; Reading - 6.0; Speaking - 5.5; Writing - 6.0 Or equivalent.		
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: TEST DATE:	TOEFL SCORE: TEST DATE:	CAMBRIDGE CERTIFICATE OF ENGLISH: TEST DATE:
OTHER: (Please provide details)		

SECTION 6: DETAILS OF YOUR STUDIES			
WHICH DEGREE ARE YOU APPLYING FOR? (Please circle one option)	<input type="checkbox"/> MASTER OF BUSINESS ADMINISTRATION (MBA) <input type="checkbox"/> MSc INTERNATIONAL BUSINESS MANAGEMENT <input type="checkbox"/> MSc INTERNATIONAL HUMAN RESOURCE MANAGEMENT <input type="checkbox"/> MASTER OF PUBLIC HEALTH (MPH) <input type="checkbox"/> MSc GLOBAL BUSINESS COMMUNICATION		
ARE YOU APPLYING FOR FULL TIME OR PART TIME STUDIES? (Please circle one option)	FULL TIME (12 MONTHS)	PART TIME (24 MONTHS)	
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 INSTITUTION	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
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)	NO	YES

PLEASE CAN YOU INDICATE THE NATURE OF YOUR DISABILITY OR LONG-TERM HEALTH CONDITION?	You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.
	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 conditions.

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: