

Application for Matriculation as a Postgraduate Student

This form must be completed by candidates applying to register for higher degrees and university postgraduate diplomas and returned to the Validation Unit, University of Wales Registry, Cathays Park, Cardiff CF10 3NS, before the commencement of study.

Candidates for Master's degrees and University postgraduate diplomas and certificates may matriculate on the basis of holding a **recognised** degree or equivalent professional qualification. The University may also approve the admission of non-graduates whose relative lack of formal qualifications is compensated for by substantial relevant experience. The University has established protocols for the matriculation of non-graduate entrants to particular types of study. Such a candidate must have held a position of responsibility of relevance to the proposed scheme of study for an acceptable period of time. Irrespective of a candidate's entry qualifications, the University must be satisfied that he/she is of the required academic standard to complete the scheme of study proposed.

It is desirable though not a requirement of entry that candidates applying to register on an MBA have 2 years relevant and responsible experience in addition to the above mentioned entry requirements.

Please indicate, by ticking the appropriate box, the basis of your admission to your postgraduate scheme of study:

Degree/Professional Qualifications Now complete section A, B & D		AND/OR	Relevant Responsible Experience Now complete section A, C and D	
--	--	---------------	---	--

(A)

Forename:	
Surname: <i>as it appears in your passport and in the order you would like it to appear on your certificate</i>	
University Student Number:	
Title: <i>(Dr/Mr/Mrs/Ms/Miss etc.)</i>	Date of Birth: <i>(dd/mm/yyyy)</i>
Institution you will be studying at: London College of Business	Address: The outcome of an application will be sent to the Institution.
Title of Degree: MBA	
Title of Course:	
Start Date of Course:	
Length of Course: <i>One Year / Two Year</i>	
Mode of Study: <i>(ie full-time, part-time)</i>	

(B)

Awarding Body & Country of Study	Dates Study Undertaken:	Title of Qualification:
<p>Original degree certificates must be enclosed (which will be returned) <i>Photocopies will be accepted if the original degree certificate has been seen by a member of staff at the institution in which you intending to undertake your studies and the copy has been signed by the staff member.</i></p>		

(C)

Age on first day of entry to postgraduate study _____ years _____ months		
Please provide brief details of relevant professional experience in the space provided (a full CV and references from previous employers should also be attached)		
Date:	Position:	Responsibilities:

(D)

I hereby confirm that the information held on this form is true and accurate.	
Signature of Candidate.....	Date.....

PLEASE ENSURE THE SPELLING AND ORDER OF YOUR NAME IS CLEAR AS THIS IS HOW IT WILL APPEAR ON YOUR CERTIFICATE