

GRADUATE STUDENT APPLICATION

PERSONAL DETAILS

1. Surname/Family Name (as in passport) <input style="width: 95%; height: 20px;" type="text"/>	2. First Name(s) (as in passport) <input style="width: 95%; height: 20px;" type="text"/>	3. Title (Mr./Mrs. etc.) <input style="width: 95%; height: 20px;" type="text"/>																			
4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Nationality <input style="width: 95%; height: 20px;" type="text"/>	6. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single																			
7. Date of Birth <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 33%; border: 1px solid black;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 33%; border: 1px solid black;"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td style="font-size: small;">Day</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Year</td> </tr> </table>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	Day	Month	Year	8. Passport issue date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 33%; border: 1px solid black;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 33%; border: 1px solid black;"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td style="font-size: small;">Day</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Year</td> </tr> </table>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	Day	Month	Year	9. Passport expiry date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 33%; border: 1px solid black;"><input style="width: 95%; height: 20px;" type="text"/></td> <td style="width: 33%; border: 1px solid black;"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td style="font-size: small;">Day</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Year</td> </tr> </table>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	Day	Month	Year	10. Passport Number <input style="width: 95%; height: 20px;" type="text"/>
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11. Country of Birth <input style="width: 95%; height: 20px;" type="text"/>	12. Country of Ordinary Residence <input style="width: 95%; height: 20px;" type="text"/>																				
13. Home Address <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Country:</td></tr> <tr><td style="padding: 2px;">State/province:</td></tr> <tr><td style="padding: 2px;">City:</td></tr> <tr><td style="padding: 2px; text-align: right;">Postcode</td></tr> <tr><td style="padding: 2px;">Tel:</td></tr> <tr><td style="padding: 2px; text-align: right;">Fax:</td></tr> <tr><td style="padding: 2px;">Email:</td></tr> </table>	Country:	State/province:	City:	Postcode	Tel:	Fax:	Email:	14. Correspondence Address (if different) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Country:</td></tr> <tr><td style="padding: 2px;">State/province:</td></tr> <tr><td style="padding: 2px;">City:</td></tr> <tr><td style="padding: 2px; text-align: right;">Postcode</td></tr> <tr><td style="padding: 2px;">Tel:</td></tr> <tr><td style="padding: 2px; text-align: right;">Fax:</td></tr> <tr><td style="padding: 2px;">Email:</td></tr> <tr><td style="padding: 2px;">Dates when address is valid From: To:</td></tr> </table>		Country:	State/province:	City:	Postcode	Tel:	Fax:	Email:	Dates when address is valid From: To:				
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Dates when address is valid From: To:																					

15. PROGRAM OF STUDY FOR WHICH YOU WISH TO APPLY

Applied to study in the Department of:

Food Biotechnology	
Food Chemistry	
Food Engineering	
Food Machinery	
Food Microbiology	
Food Nanotechnology	
Food Safety	
Food Technology	



16. EDUCATION - QUALIFICATIONS ALREADY OBTAINED

Detail your qualifications already obtained ensuring you start with the most recent. Where appropriate include professional qualifications. Please do not convert to another system. Please enter in format for your institution e.g. 13/20, 85% etc.

Name of College/University/	Start date (Month/Year)	End date (Month/Year)	Qualification (e.g. BA, BSc)	Overall class/ grade	Degree Title: Subjects studied and grades obtained so far



17. ENGLISH LANGUAGE

a. Is English your first language?

Yes

No

b. If "No" have you?

Taken an English test in the last two years?

Been educated at degree level in English?

Detail any work experience or education that you have undertaken in English. Provide the date and grade(s) of any English language test taken.

18. SUPPLEMENTARY SUPPORTING STATEMENT

Describe your academic interests and reasons for applying. Detail your career objectives and any relevant non-academic achievements as well as any publications. Outline any other relevant experience including attendance at specialist workshops or short courses. Applicants should state in which research areas or specific projects being offered by the department they are interested. You may attach a research proposal.