



an Affiliate College of



Application form

Please print in BLOCK LETTERS

(1) Personal

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Family name:	First name(s):
Previous family name: (if applicable)	
Date of birth: DAY / MONTH / YEAR	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student address:	
Postcode:	Country:
Home telephone:	Mobile telephone:
Country of birth:	Skype ID:
Email:	
Country of passport held:	Passport number:

(2) Pathway area selection

Undergraduate Pathway Areas		Postgraduate Pathway Areas
<input type="checkbox"/> Stage 1: University Foundation	<input type="checkbox"/> Stage 2: First Year Degree	<input type="checkbox"/> Stage 1: Pre-Master's
<input type="checkbox"/> Accounting and Finance <input type="checkbox"/> Business <input type="checkbox"/> Computer Science <input type="checkbox"/> Economics <input type="checkbox"/> Engineering <input type="checkbox"/> Law <input type="checkbox"/> Mathematics <input type="checkbox"/> Media Studies <input type="checkbox"/> Medical Genetics and Biochemistry <input type="checkbox"/> Politics and International Relations <input type="checkbox"/> Psychology <input type="checkbox"/> Science <input type="checkbox"/> Sports Science	<input type="checkbox"/> Accounting and Finance <input type="checkbox"/> Business <input type="checkbox"/> Computer Science <input type="checkbox"/> Economics <input type="checkbox"/> Engineering <input type="checkbox"/> Mathematics <input type="checkbox"/> Media Studies <input type="checkbox"/> Medical Genetics and Biochemistry <input type="checkbox"/> Politics and International Relations <input type="checkbox"/> Psychology <input type="checkbox"/> Science <input type="checkbox"/> Sports Science	<input type="checkbox"/> Business <input type="checkbox"/> Childhood Studies <input type="checkbox"/> Computer Science <input type="checkbox"/> Economics and Finance <input type="checkbox"/> Engineering <input type="checkbox"/> Health Science
Year of entry:	Month of entry: <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> June	

(This section must be completed, including desired major/specialisation, where relevant)

Your chosen degree:

(3) Education details

Prior education – highest level achieved

Name of qualification (eg. 'A' Levels, Year 12, Bachelors):	Name of institution attended:	Grades (itemise individual subject grades):	Date of completion

(4) English proficiency

Please provide details of your English language qualification.

IELTS (Score):
PTE Academic (Score):
Other ('O' Levels, Cambridge):

You must submit full academic transcripts/certificates and proof of English proficiency so that we can assess your eligibility for your selected study Pathway.

If these documents are not submitted with this form, we will not be able to process your application.

(5) Disabilities/Special Needs

Please indicate in the next column whether or not you will need any additional support or facilities. We will pass this information on to our Student Services team who will liaise with you to support you through the admission process and determine whether we and the university can meet your study needs.

<input type="checkbox"/> I have no known learning/physical disability
<input type="checkbox"/> I have a specific learning/physical disability
Please give further details below and if necessary attach further information to this form.

(6) Have you studied previously in the UK?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
From: DAY / MONTH / YEAR	To: DAY / MONTH / YEAR
Name of school/university:	

(7) Other information

How did you hear about ICWS? You may tick more than one box.

<input type="checkbox"/> Exhibition/seminar
<input type="checkbox"/> Internet
<input type="checkbox"/> Newspaper / magazine advertisement
<input type="checkbox"/> British Council
<input type="checkbox"/> Recommended by an ICWS representative (agent)
<input type="checkbox"/> Recommended by a friend or relative
Is your friend/relative an ICWS student? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____

(8) Application checklist and declaration

We require the following section to be completed in order to process your application.

Check that you have:	Check that you have attached:
<input type="checkbox"/> Completed all sections of the application form	<input type="checkbox"/> Certified copies of your academic transcripts
<input type="checkbox"/> Read and understood the Conditions of Enrolment, including the Fee and Refund Policy within the brochure or on the website	<input type="checkbox"/> Evidence of your English language ability if applicable
	<input type="checkbox"/> A copy of your passport and/or visa

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that the giving of false or incomplete information may lead to the refusal of my application or cancellation of enrolment. I give permission for ICWS to obtain official records from any educational institution that I have attended. I also authorise ICWS to supply any relevant official records to educational institutions to which I am seeking admission, to government bodies and to parents/sponsors if required. I understand that Course Fees are subject to review; I accept the conditions as laid out in the ICWS Payment and Refund Policy and accept liability for the payment of all Course Fees as outlined within. I understand that living expenses in the United Kingdom may be higher than in my own country and confirm that I am able to meet those costs. I hereby consent to ICWS disclosing my personal information to third parties in the manner set out in ICWS's Privacy Policy, which includes:

- Disclosure to ICWS representatives (agents) acting on my behalf;
- Disclosure to Swansea University to facilitate progression from ICWS to the next stage of my studies;
- Disclosure to Navitas Ltd and its affiliates for the purpose of communication with regarding pathways and services offered by Navitas Ltd and its related companies.

Tick this box if you do not wish to receive information via SMS about your offer.

Signature:	Date: DAY / MONTH / YEAR
Parent/Guardian signature: (if applicant is under 18 years of age)	Date: DAY / MONTH / YEAR

Office use only

Offer Details – Admission Office

Agent contact details

Agency name: Student Connection International
Agent Office Code:
Email: student.cnintl@gmail.com
Branch Office: Dhaka

Send your application to ICWS

ICWS
Margam Building
Swansea University
Singleton Park
Swansea SA2 8PP
United Kingdom

F +44 (0)1792 602889
E admissions@icws.swansea.ac.uk

A.E.Q. Siddique
Managing Partner
Student Connection International

