



APPLICATION FORM

VISUAL ARTS

Please tick which programme you are applying for:

PAINTING AND DRAWING
Postgraduate Diploma/MA
Professional Development Diploma

Photo

SCULPTURE
Postgraduate Diploma/MA
Professional Development Diploma

TAPESTRY AND TEXTILE ART
Postgraduate Diploma/MA
Professional Development Diploma

VISUAL ARTS
Graduate Diploma

All of the above Postgraduate Diplomas
can lead on to the MA degree in Visual Arts

Photo

Which academic year are you applying for?

Where did you hear about this programme?

Personal Details

Surname

First name

Sex Male Female

Marital Status

Date of Birth

Nationality

Present Address

Telephone Fax

E-mail

Permanent address if different from above

Telephone Fax

SPECIAL NEEDS/DISABILITY

Please refer to the table below and enter in the box the code which is most appropriate to you:

A. I do not have a disability

F. I have mental health difficulties

B. I am dyslexic

G. I have unseen difficulties, e.g. diabetes, asthma, epilepsy

C. I am blind/visually impaired

H. I have two or more of the above/special needs

D. I am deaf/have a hearing aid

I. I have a disability not mentioned above

E. I am a wheelchair user

FEES

Before you commence your programme of study at West Dean College you must ensure that you have adequate financial provision to cover tuition and living expenses.

Please state how your fees will be funded:

SELF	<input type="checkbox"/>	AMOUNT	_____
AWARDS, SCHOLARSHIPS, BURSARIES	<input type="checkbox"/>	AMOUNT	_____
BANK LOANS	<input type="checkbox"/>	AMOUNT	_____
OTHER	<input type="checkbox"/>	AMOUNT	_____

DETAILS OF EDUCATION AND QUALIFICATIONS

Proof of academic qualifications may be required:

DATE	NAME OF SCHOOL/UNIVERSITY/COLLEGE	COURSE ATTENDED	QUALIFICATION GAINED

DETAILS OF RELEVANT EMPLOYMENT AND EXPERIENCE

DATE	OCCUPATION	NAME OF EMPLOYER	SKILLS USED

WHAT DO YOU INTEND TO DO UPON COMPLETING YOUR STUDIES?

REFERENCES (Professional or academic)

Please arrange for two referees to complete and return the enclosed confidential referee forms direct to the college as soon as possible.

Name of referee _____ E-mail _____

Address _____

Telephone _____ Fax _____

Name of referee _____ E-mail _____

Address _____

Telephone _____ Fax _____

DECLARATION

I declare that to the best of my knowledge the information given in this form is correct

Signature _____ Date _____

Send your completed application form together with two passport-sized photographs to:
Academic Admissions Officer, Academic Office, West Dean College, Chichester, West Sussex, PO18 0QZ, UK

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