

Reference No. **Collaborative Course Admission Form**

FOR USE BY COLLABORATIVE PARTNER

**SECTION 1: CHOICE OF COURSE**Course Title Start date **SECTION 2: DETAILS**

Title ( <i>Mr/Mrs/Ms etc.</i> )	First Name (s)	Surname (Family Name)
<input data-bbox="178 1079 424 1218" type="text"/>	<input data-bbox="427 1079 924 1218" type="text"/>	<input data-bbox="927 1079 1401 1218" type="text"/>

Date of birth Address Telephone e-mail



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**SECTION 4: WORK EXPERIENCE**

<b>Date from (dd/mm/yyyy)</b>	<b>Date to (dd/mm/yyyy)</b>	<b>Employer's name and address</b>	<b>Job title, duties and responsibilities</b>

Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Employer's name and address	Job title, duties and responsibilities
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## SECTION 5: PERSONAL STATEMENT

Use this section to provide any information to support your application, e.g. your reason for wishing to take the course of study and why you think you will benefit from it.

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**SECTION 6: REFEREES**

Please provide the details of two referees two are able to support your application.

**Referee #1**

Name	
Organisation	
Position	
Address	Telephone:
e-mail	

**Referee #2**

Name	
Organisation	
Position	
Address	Telephone:
e-mail	

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**SECTION 7: DECLARATION BY THE APPLICANT**

To the best of my knowledge, the information I have given on this form is correct. I declare that the information supplied in sections 1 to 6 is accurate. I am aware that false or inaccurate information may affect the admission decision.

Applicant's Signature:	
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Date of Application:								
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**SECTION 8: COLLABORATIVE PARTNER RECOMMENDATION**

Applicant's Name

Partner Institution's Admission Recommendation:

**Course that Partner recommends applicant for (including exemptions):**

Complete the following to justify your admission recommendation:

ENTRY REQUIREMENT:	EVIDENCE THIS REQUIREMENT MET:

**REFERENCES VERIFIED AND ACCEPTED:**

Yes

No

**RECOMMENDATION**

The American National College (Colombo) has verified the applicant's qualifications and references. We find that the applicant has met the entry criteria for the above University of West London course.

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**SIGNATURE OF ANC AUTHORITY**

**DATE**

Please send the completed form with supporting documentation to the Course Leader for Collaborative Partnership for the admission decision.

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**SECTION 9: FOR UWL ADMISSION TUTOR'S USE**

**Applicant's Name**

**Applicant's D.O.B.**

**Admission Decision:**

**Admit applicant to the following course (including exemptions if applicable):**

**Alternative course applicant can be considered for (if applicable):**

**Further Comments:**

**UWL Admission Tutor:**

**Date of Decision:**

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