



STRANMILLIS UNIVERSITY COLLEGE  
A College of Queen's University Belfast

# Application for Postgraduate Studies

Programme	Please tick
Master of Education (MEd): Pastoral Care	
Master of Education (MEd): Education Studies	
Master of Education (MEd): Addressing Difficulties in Literacy Development <i>NO JANUARY INTAKE</i>	
Master of Teaching (MTeach)	
Early Childhood Studies (MA)	
Postgraduate Certificate in Autism Studies - <i>NO JANUARY INTAKE</i>	
Postgraduate Certificate in Blended Learning - <i>NO JANUARY INTAKE</i>	
Postgraduate Certificate in Leading Skills Development - <i>NO JANUARY INTAKE</i>	
Postgraduate Certificate in Digital Skills - <i>NO JANUARY INTAKE</i>	
Postgraduate Certificate in STEM Education - <i>NO JANUARY INTAKE</i>	

## NOTES:

- (1) Please email completed form to [Masters@stran.ac.uk](mailto:Masters@stran.ac.uk)
- (2) The College cannot accept responsibility if the result of this application is affected by omissions or by incomplete or inaccurate information supplied by the candidate.
- (3) For up to date course fees please refer to:  
<https://www.stran.ac.uk/courses/applying-to-stranmillis/fees-and-finance/>
- (4) This form **must** be accompanied by a completed reference form.
- (5) Please check on the website that you are eligible for the particular programme for which you wish to apply.
- (6) Please do not post any applications. Unsigned or incomplete applications will not be accepted. *Late applications may be accepted at the discretion of the College.*
- (7) An interview may be required.

Please use **BLOCK CAPITALS** and black ink

**Section A: Personal details**

Surname \_\_\_\_\_ Title: (Dr/Mr/Ms/Miss/Mrs) \_\_\_\_\_

Forenames \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(in full) (if applicable)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Permanent Residential Address \_\_\_\_\_  
(including postcode)

Home Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name and address of present/most recent School/Employer/Workplace (if applicable) \_\_\_\_\_  
(including postcode)

Telephone Number \_\_\_\_\_

Name of Referee: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Please pass the enclosed blank reference form to your chosen referee. This should not be a relative. An employer - past or present - is preferred. The responsibility to return the completed form rests with you. Failure to return by the closing date may prejudice your application.)

**FOR OFFICE USE ONLY**

**REC:**  
**OFFER:**  
**STUDENT NO:**



## Experience

Outline any relevant experience that you have (indicate whether part-time or full-time and include dates). List the schools (or appropriate bodies or agencies) with dates (if relevant). Add an additional sheet if necessary.

Briefly indicate the reason for your interest in this postgraduate program

## Credit Transfer and Accreditation for Prior Learning

♦ Are you applying for Credit Transfer (CATS)

YES

NO

If Yes to the above, you must submit a completed CATS form and the necessary documentation with this application. CATS forms are available by emailing **masters@stran.ac.uk** and must be submitted with this application. Fees for CAT transfer are currently £48 payable via the Stran Eshop (*link on page 1*)

♦ Are you applying for accreditation for completed Professional Development – Recognition for Prior Learning

YES

NO

If Yes to the above, please ask on application for the Recognition for Prior Learning (RPL) guideline document by emailing **masters@stran.ac.uk** This must be asked for on application. The current fee for RPL is 25% of the current module fee.

**Please note that CATS points cannot normally be claimed retrospectively.**

**Students with Disabilities:**

The University College is willing to support students with disabilities. However, information is required to enable us to do this effectively. Therefore if you have any disability you should tick the box and provide details on a separate sheet. This information will not affect our decision on your academic suitability for the course and will be treated as confidential.

To be signed by all applicants:

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I give my consent to the processing of my data by Stranmillis University College. I accept that if I do not comply with their requirements my application may be cancelled and I shall have no claim against Stranmillis University College.

**STRANMILLIS UNIVERSITY COLLEGE  
POSTGRADUATE PROGRAMS  
REFERENCE**

**CANDIDATE'S SURNAME** \_\_\_\_\_

**OTHER NAME(S)** \_\_\_\_\_

Please confirm you are not related to the candidate	<hr/> <hr/> <hr/>
For how long, and in what capacity, have you known the candidate?	<hr/> <hr/> <hr/> <hr/>
How would you describe the candidate's personality, character and temperament?	<hr/> <hr/> <hr/> <hr/> <hr/>
Please indicate your view of the candidate's ability to undertake academic study at Postgraduate level. (It would help if you would indicate the basis on which your opinion is formed)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
If possible, please comment on the candidate's facility in written English.	<hr/> <hr/> <hr/> <hr/> <hr/>
Please add any other information that might help the Selection Committee, e.g. the capacity to work independently and collaboratively.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Please give your estimate of the candidate's suitability for the degree

- (a) in respect of Personal Qualities;
- (b) in respect of Academic Ability.

Exceptionally High	High	Generally Suitable	Doubtful
(a)			
(b)			

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Profession or Occupation** \_\_\_\_\_

**Please note that under data protection legislation the University College reserves the right to share the contents of references with applicants. References should not be related to the candidate.**