



edinburgh college of art

An accredited institution of the University of Edinburgh

Application for Postgraduate Study and Research

When completed the form should be returned to:
The Academic Registry, Edinburgh College of Art, Lauriston Place, Edinburgh EH3 9DF

PERSONAL DETAILS

1a Surname	1b Other Names
2 Mr Mrs Ms Miss Dr Other	3 Date of Birth (day/month/year)
4 Sex (Please tick) Male Female	5 Marital Status (Please tick) Single Married
6 Country of Birth	7 Nationality
8 Ethnic Origin (see notes of guidance)	9 Disability (see notes of guidance)
10a Country of permanent residence if not UK applicant 10b County/region of permanent residence if UK applicant 10c Residential Category (see notes of guidance)	11 If your country of permanent residence is the UK please give dates of residence or state "from birth"
12a Permanent home address Postcode Telephone No Mobile No Email address	12b Correspondence address, if different (Remember you MUST advise us if this changes) Postcode Telephone No Mobile No Email address

REMINDER: WHEN SUBMITTING AN APPLICATION PLEASE INCLUDE THE FOLLOWING IF POSSIBLE.

- 1 OFFICIAL DOCUMENTARY PROOF OF DEGREES, DIPLOMAS AND OTHER QUALIFICATIONS
- 2 ACADEMIC REFERENCES PARTICULARLY IF THEY RELATE TO THE PROPOSED SUBJECT OF STUDY
- 3 COPIES OF ANY PAPERS PUBLISHED
- 4 STATEMENT OF FINANCIAL GUARANTEE OR DETAILS OF AWARD

INTRODUCTION DETAILS

What was the source of information that led you to find out more about study at ECA? (see notes of guidance)

How did you obtain a copy of the postgraduate prospectus?

FINANCIAL DETAILS

14a	Give details of any grant/scholarship that has already been awarded to you for your proposed study.
14b	Give details of any application for a grant/scholarship that you have made or would wish to make .
14c	Name and Address of person (or Company) who will pay fees and maintenance costs (if no grant/scholarship arranged). Please supply statement of financial guarantee.

15a	Are you a member of staff at ECA?	YES	NO
15b	Are you the spouse or child of a member of staff of ECA?	YES	NO
15c	If the answer to 15b is yes, state the name of the member of staff		

PREVIOUS ACADEMIC INFORMATION

16 DEGREES / DIPLOMAS / OTHER QUALIFICATIONS						
Name of University/ College/Institution	From	To	Title of Qualification	Class of Degree	Date Awarded	Date To Be Awarded
17 Please detail subjects studied for the above qualifications that are relevant to your proposed course of study. In addition, please give the title of any dissertation or project undertaken. PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.						

PROPOSED PROGRAMME AND METHOD OF STUDY

Before completing this section, candidates are advised to consult the ECA Postgraduate Prospectus to confirm that the proposed programme and method of study are offered by the College. **Please tick one box in each line as appropriate and enter other information in full.**

18	Field / Subject of study or name of course:	Proposed Date of Entry:
School/Department (please tick):	Drawing & Painting Sculpture Design and Applied Arts	
	Visual Communication Visual & Cultural Studies Architecture Landscape Architecture	
Nature of study	By Research By Course	
Method of study	Full-time Part-time Off campus	

PROPOSED AWARD (Please tick the appropriate box below)

RESEARCH DEGREES	PhD	MPhil				
TAUGHT COURSES	Diploma	MArch	MLA	MA	MFA	MSC

19	Please give details of the proposed area of research (Research degrees only)
20	If your native language is not English give details of English language qualifications held eg TOEFL where the minimum score is 550.
21	Please give details of any other information, including relevant work experience, which is important to your application. For some courses work experience is essential. Please state whether work was full-time or part-time and give dates, job titles and principal responsibilities. PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.
22	Please indicate your current position in employment or training. You may also give an indication of why you are interested in this study.
23	REFERENCES – Please supply the names of two academic referees who are thoroughly aware with your academic work and personal qualities. Applicants with relevant full-time work experience may use their current employer as one of the referees. Note: it avoids delays in processing your application if you check in advance that your referees are available to be contacted.
Name	Job Title
Address	
Telephone No	Email
Name	Job Title
Address	
Telephone No	Email
I understand and accept that the information contained in this application will be logged on a computer database and that it may be passed to concerned third parties for the purpose of processing and considering my application.	
24	The completed form together with documentary evidence should be submitted to: The Academic Registry, Edinburgh College of Art, Lauriston Place, Edinburgh, EH3 9DF
Signature of Applicant	Date <u> </u> / <u> </u> / <u> </u> (day/month/year)

FOR INTERNAL USE ONLY

REPORT BY HEAD OF DEPARTMENT/SCHOOL

OFFER TO BE MADE TO STUDENT

Proposed Date of Entry	Year of Entry	Period of Study (months)	
Field / Subject of study or name of course		School	
Nature of study	By Research	By Course	
Method of study	Full-time	Part-time	Off campus

PROPOSED AWARD (Please tick the appropriate box below)

RESEARCH DEGREES	PhD	MPhil				
TAUGHT COURSES	Diploma	MArch	MLA	MA	MFA	MSC

SUPERVISORS

Internal	External
Title	Title
Signature	Signature

COMMENTS ON PROPOSED COURSE (Bench fees, Place of study, etc)

CONDITIONS TO BE MET BY STUDENT BEFORE ENTRY (Please tick as appropriate)

A	Need for further study. Please Specify	
B	Need for completion of present course. State minimum award for entry	
C	Need for guarantee of adequate financial support Note this is a requirement for all students. OFFERS WILL NOT BE "UNCONDITIONAL" UNTIL THIS REQUIREMENT IS MET AND EVIDENCE PROVIDED TO THE REGISTRY.	
D	Need for further reference. Please specify from whom	
	Any others (Please give details)	

RECOMMENDATION (Please circle as appropriate)

I recommend that the application be	1 Accepted 2 Accepted on the conditions specified above 3 Not Accepted	
Signature of Head of School	Date	____/____/____ (day/month/year)