

APPLICATION FORM

**MSc in Sustainable Building Design**

[Course Code (K21S)]

Attached passport  
size photograph

**INSTRUCTIONS**

1. Please write clearly in BLOCK LETTERS. Complete all sections and indicate 'NA' for items not applicable.
2. False particulars or intentional withholding of information will disqualify the application, or if already awarded, terminate the course fee subsidy.
3. Application form with all supporting documents shall be sent to BCA Academy, 200 Braddell Road, S(579700) before closing date **18 March 2012**.

**1. Programme Details**

- a) Postgraduate Course: MSc in Sustainable Building Design (K21S)
- b) Proposed Date of admission: \_\_\_\_\_

**2. PERSONAL PARTICULARS**

Name _____ (underline surname) Title _____ (Mr/Ms/Mrs/Dr)				
NRIC/ Passport No.: _____		S-Pass No.: _____		
Nationality: _____	Date of Birth: ____ / ____ / ____ dd / mm / yyyy	Age :	Sex : *M / F	Marital Status:
Ethnic Origin: _____				
Home Address _____ _____ Postal Code _____				
Tel _____	Fax _____	HP. No. _____		
Email _____				

# For non-Singaporean / Permanent Residents, a copy of the employment pass or S-pass/PR documents must be submitted with the application.

**3. QUALIFICATIONS (Highest academic and technical qualifications)**

# Higher education institutions attended and qualifications obtained or entered for (you must supply full dates)

Year Obtained	Qualification	Institution

Note : The academic qualifications and official transcripts (with detailed breakdown of marks/grades) must be attached together with the application.

**Proof of English Qualifications**

Is English your first language? Yes / No \*

Is/Was English the language of instruction for your first degree? Yes / No \*

If English is not your first language, please provide details of your English language qualifications with results obtained and the date you took the test or will be taking the test.

**You must provide an original copy of your English language test score report with your application.**

	Score	Date Obtained
IELTS		
TOEFL (paper version)		
TOEFL Internet Based (IBT)		
O level or GCSE		
Other (please specify)		

**4. CURRENT EMPLOYMENT (if applicable)**

Company UEN No. \_\_\_\_\_

Company: \_\_\_\_\_ GST Registered Company: Yes / No \*

Office Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_ Tel \_\_\_\_\_

Fax \_\_\_\_\_ HP. No. \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business (Briefly describe):

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Designation :	Salary per annum: (Optional)	Date Joined Company: (dd/mm/yyyy)
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Years of working experience:

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Brief description of your duties :

5. PREVIOUS EMPLOYMENT *(use separate sheet if space is insufficient)*

Company	Designation	Duration	Job Description (e.g. structural, renovation, M&E etc)

6. PERSONAL STATEMENT

**All applicants:** Please use this space to summarise your academic interests and your reasons for choosing this programme.

By preference, please supply your personal statement by writing or pasting it into the text field below.

## 7. Disability, dyslexia or long-term medical condition

The University of Nottingham/BCA Academy aims to provide an environment in which all of our students are able to participate fully in the programme. In order to assist us provide suitable support, please indicate if you have a disability. This will not affect judgements concerning your academic suitability for the course. Such information provided shall be strictly confidential.

- |  |   |
|--|---|
| <input type="checkbox"/> None  | <input type="checkbox"/> You have a specific learning difficulty (for example dyslexia) |
| <input type="checkbox"/> You are blind or partially sighted  | <input type="checkbox"/> You are deaf or have impaired hearing                          |
| <input type="checkbox"/> You use a wheelchair or have mobility difficulties  | <input type="checkbox"/> You have mental health difficulties                            |
| <input type="checkbox"/> You have a disability that cannot be seen, for example, diabetes, epilepsy or a heart condition | <input type="checkbox"/> You have two or more of the above                              |
| <input type="checkbox"/> You have disability, special need or medical condition that is not listed above                 | <input type="checkbox"/> You have an Autistic Spectrum disorder/Asperger Syndrome       |

Further details/details about a disability not listed above

## 8. Criminal Convictions

Do you have any criminal convictions? (excluding motoring offences for which a fine and demerit points were imposed)

- Yes
- No

## 9. REFERENCES

Enter the details of your two referees below. We strongly recommend you check that each of your nominated referees has agreed to provide a reference for you. **The University of Nottingham will not be able to process your application without your references.**

If you supply an email address for your referees, you can choose to generate an email to your referee in which we will attach the reference form, which must be completed and sent to BCA Academy, 200 Braddell Road, Singapore 579700.

Please be careful when entering each referee's email address not to leave any spaces before or after the address.

Details of how to complete the form and where the form must be sent are included in the document. Alternatively you may download the reference form from <http://www.bcaa.edu.sg/MScSBD.aspx> and forward to your referees by a method of your choice.

### Referee 1

Name _____ (underline surname) Title _____ (Mr/Ms/Mrs/Dr)
Designation/Company Name: _____
Relationship to applicant: _____
Home Address _____ _____ Postal Code _____
Tel _____ Fax _____ HP. No. _____
Email _____

### Referee 2

Name _____ (underline surname) Title _____ (Mr/Ms/Mrs/Dr)
Designation/Company Name: _____
Relationship to applicant: _____
Home Address _____ _____ Postal Code _____
Tel _____ Fax _____ HP. No. _____
Email _____

**10. PAYMENT OF ADMINISTRATION FEES**

Applicant shall issue a cheque of S\$53.50 (GST included) being registration fee (non-refundable) together with the submission of the application form.

Cheque No. \_\_\_\_\_ dated \_\_\_\_\_

*(Cheque should be crossed, marked "account payee only" and made payable to "BCA Academy")*

No invoice will be issued.

**11. BCA COURSE FEE SUBSIDY**

Are you applying for BCA course fee subsidy? Yes / No\*

If yes, please submit the "Application for Course Fee Subsidy" form separately.

**12. CONFIDENTIAL DETAILS**

Please specify if you have any disability/dyslexia/long term medical condition: \_\_\_\_\_

**13. DECLARATION**

- a) I hereby declare that the particulars given in the Application Form are true and correct in every respect. I understand that the application will be disqualified if any information given is found to be untrue.
- b) I accept that The University of Nottingham reserves the right to accept or reject the application for whatever reason and no refund of fees will be made for withdrawal after the commencement of the course which the applicant has been accepted.

\_\_\_\_\_  
Name/Signature:

\_\_\_\_\_  
Date

Official Receipt No.: \_\_\_\_\_

Cashier : \_\_\_\_\_

The University of Nottingham/BCA Academy reserves the right to amend the course details, revise the course/modular fee without prior notice, to cancel, postpone or change the venue of the course in the event of any unforeseen circumstances. The commencement of the class shall be subjected to meeting the requirements of The University of Nottingham.

<b>For Official Use (BCA Academy):</b>	
Application No.: _____	
Processing Officer: _____	_____
Name	Signature/date

For Official Use (UoN):

Accept-Unconditional

Accept-Conditional

Reject

Conditions: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_

Supervisor(s)/Course Organiser (please use capitals and give percentage e.g. 50% / 50%)

Initial registration for the MSc:

Proposed thesis title or general area of research:

Bench fee (if applicable):

Interviewed:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ for the Head of Department