

9. REFEREES

Please provide the names of two referees whom the Academy may consult concerning your academic attainment and fitness for research.

Name

Position

Address

.....

.....

Phone Fax

Email

Name

Position

Address

.....

.....

Phone Fax

Email

10. SIGNATURE OF APPLICANT Date

By signing this form you are declaring the information you have provided is accurate and that no material information has been omitted. You are also agreeing to abide by the University's rules and regulations if accepted onto a course.

RSAMD

Royal Scottish Academy of Music and Drama
Application for Admission to Research Study

This application should be completed and returned to Registry, RSAMD, 100 Renfrew Street, Glasgow G2 3DB.

Please use BLOCK CAPITALS

1. PERSONAL DETAILS

Surname	Title	Correspondence Address (if different from left)
Forename(s)		
Any Previous Surname		
Date of Birth	Postcode	
Nationality		Tel No:
Permanent Address		Email:
		Fax No:
		Next of Kin:
		Name
Postcode		Relation to you (e.g. father)
Tel No:		Address
Email:		
		Postcode
		Tel No:

2. SPECIAL NEEDS

Certain facilities may be available for students with special needs. Any requirements should be specified.

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3. OTHER INFORMATION

Please provide details of any other information relevant to your application. This should include details of any criminal convictions or serious criminal charges awaiting trial. This may be given on a separate sheet and should be marked 'highly confidential'.

TO BE COMPLETED BY APPLICANT

Name

Degree in View

Subject Area

For Official Use Only

Date of Receipt

