



# CITY UNIVERSITY LONDON

**MSc AIR TRANSPORT MANAGEMENT APPLICATION FORM**  
**MSc AIR SAFETY MANAGEMENT APPLICATION FORM**  
**MSc AIRCRAFT MAINTENANCE MANAGEMENT**

**Please indicate required programme**

Attach firmly a recent passport-size photograph of yourself here

*The completed form should be sent to:*

Course Administrator  
School of Engineering & Mathematical Sciences  
City University  
Northampton Square  
London EC1V OHB

<b>FOR OFFICE USE ONLY</b>	
<b>Date Received</b>	
<b>Date Acknowledged</b>	

Part 1 Proposed Course of Study	Proposed date of commencement	Day	Month	Year

Part 2 Personal Details	Surname/Family Name .....	Other name/s.....
	Title    Mr <input type="checkbox"/> Ms <input type="checkbox"/> Captain <input type="checkbox"/> Other (please state) .....	
	Male <input type="checkbox"/> Female <input type="checkbox"/>	
	Address for correspondence:	
	.....	
	.....Post Code.....	
	Telephone Nos (Home).....(Work).....(Mobile) .....	
	Fax No. .... E-Mail address.....	
	Date of Birth ..... Country of Birth .....	
	Nationality (if dual give both) ..... Country of permanent residence .....	
Job Title ..... Name of Employer .....		
If an overseas resident in the United Kingdom, please state the date you arrived and the conditions entered on your visa:		
.....		
.....		



Part 6	Name	Address	Capacity in which known
Referees  Please try and use either academic or professional referees, not personal friends or family members	1.		
	2.		

Part 7	Dates from (Month/Year)	Dates to (Month/Year)	Title of position and nature of duties	Name and Location of Employer
Relevant Employment History and Training				

Part 8  Additional Information	<p>You may give any additional information relevant to your application and which is not included elsewhere on the form. Also, please use this section to tell us why you want to do an MSc in Air Transport Management. What are your present career intentions? In what way do you think the course you are applying for would help you? What, in your opinion, is the main contribution you will make to the course and what are the main benefits you will derive from it? Please continue on another sheet if necessary.</p>
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Part 9	When and how did you first hear of the MSc Course in Air Transport/ Air Safety Management?
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Part 10  Declaration	<ol style="list-style-type: none"> <li>1. I certify that the statements made by me on this form are correct.</li> <li>2. I hereby undertake if admitted as a student of the City University to observe and comply with all ordinances and regulations of the University as far as they concern me.</li> <li>3. I understand that, if admitted to City University, and if my funds should at any time during my course prove to be inadequate, City University will not be able to provide financial assistance either by grant or remission of fees.</li> <li>4. I authorise City University to permit any thesis, dissertation, essay or project report arising from my work on the course to be consulted, borrowed or copied in accordance with City University regulations, except in cases whereby prior agreement the content is considered to be "Commercial in Confidence".</li> <li>5. I confirm that I have no undisclosed obligations or commitments to any current former sponsors or employers.</li> </ol> <p style="text-align: right; margin-right: 50px;">Signature..... Date .....</p> <p style="text-align: center;">The Information supplied on this application form may be stored on a computer system</p>
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For use by the Board of Studies

Name of Applicant: .....

Course: MSc in Air Transport Management/ MSc in Air Safety Management (please indicate required programme)

Date of Registration: .....

Registration Category: Part-time

Expected Fee Category EC

Non EC

Entrance Qualifications	Entrance Category
Circle one number only of the highest qualification	Circle A or B
1. I/IIi Higher degree from UK University or Polytechnic	A
2. IIIi from UK University or Polytechnic	A
3. III from UK University or Polytechnic	A
4. Other UK Degree/Diploma	B
5. Overseas University Degree	A B
6. Professional Qualifications	A B
7. Professional experience/other	A

Proposed Conditions of Acceptance (if any):

Signed Chairman, Board of Studies .....

Date application approved by the Board of Studies .....

For Use by the Registry

FEES CODE    H    0    1    2    3    4