## University Admissions Test (UAT)

Please enter me for the: …………………………………….(enter name of test)

to enable me to apply for the University course shown below:

|  |  |
| --- | --- |
| **First Name:** | **Last Name:** |
| **Date of Birth:** | **UCAS ID:** |
| **University** |  |
| **College**(if applicable) |  |
| **Name of Course** |  |
| **Course Code** (if known) |  |
| **Signed:** |  |

Please return this form to Mrs Dodds, Examinations Officer, in Room S38 before the end of school on **Friday 11 October 2019.**

**The test will take place at 9am on Wednesday 30 October 2019.**