APPLICATION FORM

JAVA ONLINE

Return this form to

eLearning Module Coordinator (JOL)
School of Computing
Queen Mother Building
University of Dundee
Dundee DD1 4HN

Personal details
Status: (e.g. student, employed, researcher) : .................................................................

School or College (if applicable): ......................................................................................

Title: ....................................................................................................................................

Surname: ...............................................................................................................................

Forenames: ...........................................................................................................................

Permanent Address ..............................................................................................................

.............................................................................................................................................

Postcode: ..............................................................................................................................

Tel. No(s): .............................................................................................................................

E-mail address: ......................................................................................................................

Address (for correspondence, if different from above) ................................................................

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Postcode: ..............................................................................................................................

Date of Birth: .........................................................................................................................

Have you a disability?:
(if yes, please tick appropriate category below)

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<th>Disability</th>
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<tr>
<td>Dyslexia</td>
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<tr>
<td>Wheelchair user</td>
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<tr>
<td>Unseen disability</td>
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Funding Details
The fee for this module is £195 which is due on matriculation. Please indicate how you intend to fund this:

Self funding: ☐

Individual Learning Account (ILA): ☐ ILA Number ......................................................

Funded by a sponsor: ☐

Other (please explain below): ☐

If using an ILA account please include your ILA account number.
If funded by a sponsor please include the name and address of the sponsor:

Sponsor Name: ......................................................................................................................

Sponsor Address: ..................................................................................................................
Explain, briefly, why you wish to enroll for the Java Online module:

Outline your computing experience, in particular your programming expertise:

**Data Protection**

The information you have provided will be treated as confidential and used only for the purposes for which it has been collected. These include disclosure to government and funding agencies, general administrative and academic purposes and the monitoring and analysis of statistical data.

I confirm that the statements that I have made on this application are correct.

Date ............ Signature .................................................................