

# Undergraduate Application Form

Before completing this form, please ensure that you have read the guidance notes thoroughly. Please complete in black ink using BLOCK CAPITAL LETTERS.

## Section 1 Personal details

|                                              |                               |                                                                                                                                                                                                                   |                                                                                                                                                                                                         |
|----------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title (Mr/Ms/Mrs/Ms)                         |                               | Surname/family name                                                                                                                                                                                               |                                                                                                                                                                                                         |
| For names (in full)                          |                               |                                                                                                                                                                                                                   |                                                                                                                                                                                                         |
| Preferred first name                         |                               |                                                                                                                                                                                                                   |                                                                                                                                                                                                         |
| Previous surname/family name (if applicable) |                               |                                                                                                                                                                                                                   |                                                                                                                                                                                                         |
| Gender                                       | Male <input type="checkbox"/> | Female <input type="checkbox"/>                                                                                                                                                                                   | Date of birth <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> |
| Home/permanent address                       |                               | Correspondence address (if different)                                                                                                                                                                             |                                                                                                                                                                                                         |
| Postcode (UK only)                           |                               | Postcode (UK only)                                                                                                                                                                                                |                                                                                                                                                                                                         |
| Country                                      |                               | Country                                                                                                                                                                                                           |                                                                                                                                                                                                         |
| Telephone number                             |                               | Mobile number                                                                                                                                                                                                     |                                                                                                                                                                                                         |
| Fax number                                   |                               | Email address                                                                                                                                                                                                     |                                                                                                                                                                                                         |
| Unique Learner Number                        |                               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                                                                                                                                                                                         |

## Section 2 Programme of study

|                                                              |                                            |                                       |                                                                                                                                        |                |
|--------------------------------------------------------------|--------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Title of course applied for (e.g. BSc Biology)               |                                            |                                       |                                                                                                                                        |                |
| Mode of study                                                | Full time <input type="checkbox"/>         | Part time <input type="checkbox"/>    | Start date <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> | Point of entry |
| Location                                                     | Distance learning <input type="checkbox"/> | Campus-based <input type="checkbox"/> | Campus                                                                                                                                 |                |
| Alternative choice                                           |                                            |                                       |                                                                                                                                        |                |
| Have you studied at the University of Portsmouth previously? |                                            |                                       |                                                                                                                                        |                |
| Yes <input type="checkbox"/>                                 |                                            | No <input type="checkbox"/>           |                                                                                                                                        |                |
| If yes, which course(s)?                                     |                                            | Year of leaving                       |                                                                                                                                        | Student number |

# Undergraduate Application Form University Of Zambia 2015

**Thirumalaisamy P.  
Velavancorresponding**



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## **Table of Contents Undergraduate Application Form University Of Zambia 2015**

1. Understanding the eBook Undergraduate Application Form University Of Zambia 2015
  - The Rise of Digital Reading Undergraduate Application Form University Of Zambia 2015
  - Advantages of eBooks Over Traditional Books
2. Identifying Undergraduate Application Form University Of Zambia 2015
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Undergraduate Application Form University Of Zambia 2015
  - User-Friendly Interface
4. Exploring eBook Recommendations from Undergraduate Application Form University Of Zambia 2015
  - Personalized Recommendations
  - Undergraduate Application Form University Of Zambia 2015 User Reviews and Ratings
  - Undergraduate Application Form University Of Zambia 2015 and Bestseller Lists
5. Accessing Undergraduate Application Form University Of Zambia 2015 Free and Paid eBooks

- Undergraduate Application Form University Of Zambia 2015 Public Domain eBooks
- Undergraduate Application Form University Of Zambia 2015 eBook Subscription Services
- Undergraduate Application Form University Of Zambia 2015 Budget-Friendly Options
- 6. Navigating Undergraduate Application Form University Of Zambia 2015 eBook Formats
  - ePub, PDF, MOBI, and More
  - Undergraduate Application Form University Of Zambia 2015 Compatibility with Devices
  - Undergraduate Application Form University Of Zambia 2015 Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Undergraduate Application Form University Of Zambia 2015
  - Highlighting and Note-Taking Undergraduate Application Form University Of Zambia 2015
  - Interactive Elements Undergraduate Application Form University Of Zambia 2015
- 8. Staying Engaged with Undergraduate Application Form University Of Zambia 2015
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Undergraduate Application Form University Of Zambia 2015
- 9. Balancing eBooks and Physical Books Undergraduate Application Form University Of Zambia 2015
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Undergraduate Application Form University Of Zambia 2015
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine Undergraduate Application Form University Of Zambia 2015
  - Setting Reading Goals Undergraduate Application Form University Of Zambia 2015
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Undergraduate Application Form University Of Zambia 2015
  - Fact-Checking eBook Content of Undergraduate Application Form University Of Zambia 2015
  - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

#### 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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