

**THE SUFFOLK POSTGRADUATE AND RESEARCH CENTRE**  
BELSTEAD HOUSE, SPRITES LANE, IPSWICH IP8 3NA 01473 690947  
website [www.sapu.co.uk](http://www.sapu.co.uk) administrator [jan.parish@suffolk.gov.uk](mailto:jan.parish@suffolk.gov.uk)

## MODULE ENROLMENT FORM 2010-2011

MODULE

CODE

Tutor

DEGREE PATHWAY MA

NAME

SID no:

HOME ADDRESS

POSTCODE

TEL NO

EMAIL

SCHOOL/INSTITUTION NAME

ADDRESS

TEL NO

SCHOOL EMAIL

### ENTRY QUALIFICATIONS

TEACHING QUALIFICATION

1ST DEGREE (PLEASE STATE IF HONS)

PLACE OF STUDY

DATE AWARDED

HIGHER DEGREE

OTHER AWARDS

### PREVIOUS MODULES TAKEN WITH ANGLIA RUSKIN UNIVERSITY

DATE

LEVEL

MODULE NAME

1
2
3
4

THE SCHOOL ACCEPTS THE FINANCIAL COST FOR THIS MODULE		
HEADTEACHER SIGNATURE	DATE	OR
I WILL FUND THE COST OF THE MODULE MYSELF		
SIGNED	DATE	

**MODULE FEE: £400**

**SUFFOLK TEACHER MODULE FEE: £200**

PLEASE SELECT PREFERRED PAYMENT METHOD:

INVOICE TO:

JOURNAL TRANSFER - from this BUDGET CODE:

Student - Personal statement on application:

You should include in this statement

1. How this module would support your professional development.
2. How you expect this module to impact on your practice.
3. How you will negotiate access for work-based research.
4. How this module fits in with your identified learning needs.
5. What personal learning outcomes you hope to achieve from this module.

(Please ask your Headteacher to read and sign this form)

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Signed Student:

Date:

Signed Headteacher:

Date: