STUDENT CRIMINAL CONVICTION(S) DECLARATION - PROFORMA

In order to assist the University in its duty of care to its students, please complete the information below and return it to Mr Matthew Dunstan, by post, marked as confidential:

By Post: Mr Matthew Dunstan, Registry Services
Cardiff Metropolitan University, Western Avenue, Cardiff CF5 2YB

Please complete in **BLOCK CAPITALS**

Mr / Mrs / Ms / Miss / Dr (mark as appropriate)		(Full Name)
Previous or other Surnames		_
Student ID		
Address		
Course at Cardiff Met		
Year of commencement		_
Please continue on a separate sheet if	f required.	- - -
Please explain the circumstances of the of A letter describing the circumstances is w	offence(s) below including a reflection on your actions. velcomed if felt appropriate.	
Please continue on a separate sheet if	Froquired	
•	required.	
and I provide my consent for Cardiff Metr	declare that the information on this form is true ropolitan University to use this information when considering meaning information with relevant staff involved in the application proceeds.	y application,
Date:		