**TU Dublin City Campus TU078 Part Time Application Form**

**Date Stamp**

***Office Use Only***

**Year: 2024**

# SECTION A – PERSONAL DETAILS

# (NB: Please type your responses)

Surname: First Name: PPS No*i*:

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Mobile No*ii*: Email address:

Home Address:

If you attended a DIT/ TU Dublin course before, please state programme title and previous student number:

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| --- | --- | --- |
| Programme Title: |  | Student No: |
| Gender: | Male  Female  | Date of Birth: day / month / year |
| Nationality: |  | Country of Birth: |

# SECTION B - PROGRAMME REQUIRED

## Programme Title: \_ Programme Code: Stage:

List all modules for which you wish to register *(if applicable)*.

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| Module / Programme | CRN (office use only) | Module / Programme | CRN (office use only) |
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# SECTION C – DISABILITY

If you have a disability or significant health problem, please give details below and attach medical documentation.

# SECTION D – FURTHER EDUCATION & EMPLOYMENT HISTORY

Further Education: Please give details of highest qualifications obtained and attach copies of results.

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| Dates: From – to | School / College / Higher Education Institute | Qualification Obtained |
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Relevant Employment History:

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| Dates: From – to | Employer | Job Title |
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Please give details of any other relevant information / qualifications / work experience that may be relevant to your application.

Declaration: I declare that the information given by me on this form is true and accurate, and if accepted, I agree to familiarise myself with, and be bounded by, the regulations of the TU Dublin. Please click [here](https://www.tudublin.ie/for-students/student-services-and-support/student-policies-regulations/) to view student policies & regulations.

## Applicant Signature: Date:

* Required for statistical returns by TU Dublin to the Higher Education Authority.
* Required by TU Dublin, in addition to your student email address we may need to contact you by

phone.

* Tick if you do not wish to receive free SMS text messages 
* **NB: Please e-mail your completed form to: carl.sullivan@tudublin.ie**

Date:

Enrolment authorised by:

Office use only