

TU Dublin City Campus TU112 Part Time Application Form Year: 2024

Date Stamp

Office Use Only

SECTION A – PERSONAL DETAILS (NB: Please type your responses)

Surname:											
First Name:											
PPS No ⁱ :											
Mobile No [#] :											
Email address:											
Home Address:											

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

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*).

Module / Programme	CRN (office use only)	Module / Programme	CRN (office use only)	

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 <u>highest</u> qualifications obtained and attach copies of results.

Dates: From – to	School / College / Higher Education Institute	Qualification Obtained

Relevant Employment History:

Dates: From – to	Employer	Job Title

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 <u>here</u> 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 lacksquare
- NB: Please e-mail your completed form to: law@tudublin.ie

Office use only

Enrolment authorised by:

Date: