



PART-TIME UNDERGRADUATE APPLICATION FORM

Year: 20 __ __

Date Stamp

Office Use Only

SECTION A – PERSONAL DETAILS

Surname:	
First Name:	
PPSN No¹:	
Mobile No²:	
Email address:	
Home Address:	

If you attended DIT before, please state programme title and previous student number:

Programme Title: **Student No:**

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Gender¹: 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 highest 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 Dublin Institute of Technology. Student regulations are available from the Registrations Office or <http://www.dit.ie/student-services/student-service-centres/dit-rules-regulations-for-students/>

Applicant Signature: _____ **Date:** _____

- ¹ Required for statistical returns by DIT to the Higher Education Authority.
- ² Required by DIT, 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

Office use only

Enrolment authorised by:

Date: