



Part-time Application Form Undergraduate Programmes

Year: 20 __

Date Stamp

Office Use Only

Photograph



SECTION A – PERSONAL DETAILS

Surname:

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First Name:

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PPSN No¹:

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Mobile No²:

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Email address:

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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/media/documents/campuslife/StuRegs.pdf>

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. Click here if you do not wish to receive free SMS text messages

Office use only

Enrolment authorised by:

Date:

