

UNDERGRADUATE STUDIES: DIRECT APPLICATION FORM

The categories of applicants listed below who are seeking admission to the University, are required to apply directly to DCU using this form. Please indicate with a tick (✓) the category under which you are applying.

<input type="checkbox"/>	Bachelor in Nursing (BNS) / Bachelor in Nursing Theory (BNT) Online/Blended Learning (Honours) Degree Applicants: For further information on entry requirements and programme details, please see www.dcu.ie . Closing date for applications is 10th June .
<input type="checkbox"/>	Applicants for an undergraduate certificate/diploma/degree programme not included in the CAO Handbook Please see Undergraduate Prospectus or www.dcu.ie for closing dates.
<input type="checkbox"/>	Non-EU applicants applying for a full-time undergraduate degree programme. (The only exception is the B.Sc. in Nursing (4 year degree) – these applicants must apply through the Central Applications Office (CAO)). Closing date for applications is 01st July . <i>Please return completed form, including your signature and all necessary supporting documentation and the appropriate (non-refundable) application fee of €60 by cheque, postal order or bankdraft to Non-EU Undergraduate Admissions, International Office, Dublin City University, Dublin 9, Ireland.</i>
<input type="checkbox"/>	Transfer applicants from another Higher Education Institution – (FETAC applicants must apply through the CAO). Closing date for applications is 01st July .
<input type="checkbox"/>	Internal Transfer DCU students who want to apply for entry to any year other than year 1 of a programme. Closing date for applications is 1st July .

*For **EU applicants** applying for a transfer from another HEI, course not in the CAO handbook, or internal transfer, the completed form, including your signature must be returned to the DCU Registry. Please return together with the necessary supporting documentation and the appropriate (non-refundable) application fee of €35 by cheque, postal order or bankdraft to the **Admissions Office, Registry, Dublin City University, Dublin 9.***

N.B. All applications, for full-time programmes, other than those indicated above MUST be made through the CAO, Central Applications Office, Tower House, Eglinton Street, Galway, Ireland. (Telephone: +353-(0)91-509 800; Fax: +353-(0)91-562 344; Web: <http://www.cao.ie>)

Please complete this form in BLOCK LETTERS using BLACK ink. All questions must be answered. DO NOT leave blanks.

BIOGRAPHICAL INFORMATION:

NAME :

Surname First Name(s)

NAME AS ON BIRTH CERTIFICATE (if different from above):

Surname First Name(s)

DATE OF BIRTH: ___ / ___ / ___ **GENDER:** Male Female

CITIZENSHIP: _____ **COUNTRY OF BIRTH:** _____

PPS NUMBER (If applicable) _____

COUNTRIES OF RESIDENCE

Please indicate the countries in which you were ordinarily resident for the 5 years preceding the date of this application:

Country:	From: MM/YY	To: MM/YY

SECONDARY SCHOOL EDUCATION

Name and Full Postal Address

Dates of Attendance

(i) _____

from _____ to _____

FINAL SCHOOL LEAVING EXAMINATION RECORD

(Please ensure that an official certificate of results is included. A certified translation into English must be provided for results from non-English speaking countries):

TITLE OF EXAMINATION				
YEAR OF EXAMINATION				
SUBJECTS	Level of Exam	Grade Or Mark	Level Of Exam	Grade Or Mark

ENGLISH LANGUAGE COMPETENCY (for non-native speakers of the English language only):

Examining Body e.g. IELTS, TOEFL, Cambridge Proficiency * Cert should be included	Actual or Expected Completion Date	Score

DETAILS OF FURTHER EDUCATION / PROFESSIONAL EDUCATION (IF ANY)
 (Transcripts to be included)

In chronological order moving from left to right:

Institution Attended		
Period of Attendance		
Name of Programme		
Duration of Programme		
Full-Time or Part-time		
Title of Award (if any)		
Name of Awarding Body		
Have you completed the programme? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' please indicate <ul style="list-style-type: none"> • Period Completed to Date: • Date on which Final Results will be available: 		Yes <input type="checkbox"/> No <input type="checkbox"/>
Level/Class of Award		
Main subject areas studied, with marks or grades obtained; continue on a separate sheet if necessary.		

DETAILS OF OTHER ACADEMIC, PROFESSIONAL DISTINCTIONS AND CONTINUING EDUCATION:
 (if there is insufficient space please use a separate sheet and enclose with application)

EMPLOYMENT SINCE LEAVING FULL-TIME EDUCATION IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT:

Name and Address of Employer	Capacity in which you were employed	Dates	
		From	To

GENERAL INFORMATION

Why did you choose the programme that you are applying for, and which type of career or occupation do you hope to pursue as a result of taking this programme?

Have you any work experience in this area? If so, give brief details.

What attributes or characteristics do you feel you have which make you particularly suitable for this career or occupation?

Other information deemed relevant to the application.

It is not a mandatory requirement for an applicant to disclose their disability if they do not wish to do so. However, where a student chooses to disclose their disability, it is advisable to notify the DCU Disability Service on acceptance of a programme place so as to enable the Disability Service to provide reasonable supports to the student during their time at DCU.

No applicant will be disadvantaged as a result of disclosing information pertaining to a Medical Condition/Disability.

Intending applicants may contact the disability service on tel: +353 (01) 7005927 or email: disability.service@dcu.ie for further information.

REFEREE CONTACT DETAILS:

(The Registry will assume permission to contact referees unless an applicant has stated otherwise.)

Name of Referee _____

Name of Referee _____

Position in organisation _____

Position in organisation _____

Address _____

Address _____

Tel.No. _____

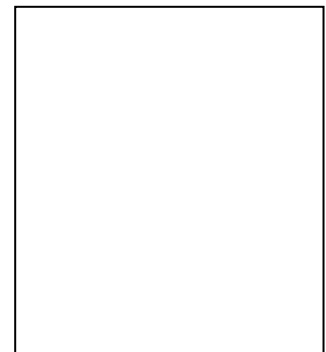
Tel.No. _____

DECLARATION:

I certify that the information given in this application is correct and I hereby undertake, if admitted as a student member of Dublin City University, to observe and comply with all the regulations of the University.

***Signature of Applicant:** _____
(Mandatory)

Date: _____



One passport photograph

Return the completed application form, ensuring that you have **signed the declaration above** together with the necessary supporting documentation and the appropriate (non-refundable) application fee (€35 for EU applicants/€60 for non-EU applicants) by cheque, postal order or bankdraft to:

Non-EU Students only: Non-EU Undergraduate Admissions, International Office, Dublin City University, Dublin 9, Ireland.

All others: Admissions, Registry, Dublin City University, Dublin 9.

Telephone: +353-(0)1-700 5338;

Fax: +353-(0)1-700 5504;

E-mail: registry@dcu.ie; Web: <http://www.dcu.ie/registry/applications.shtml>

Thank you for your application

FINAL REMINDER CHECKLIST:

- | | | |
|---|---|--------------------------|
| 1) | Certified copies of original transcripts of results | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> • Please do not send originals • Copies must be stamped by conferring university | |
| 2) | <u>One</u> passport Photograph | <input type="checkbox"/> |
| 3) | Application fee
(€35 for EU applicants/€60 for non-EU applicants) | <input type="checkbox"/> |
| 4) | Photocopy of Birth Certificate | <input type="checkbox"/> |
| | <ul style="list-style-type: none"> • Please do not send originals | |
| 5) | Signed declaration on page 6 | <input type="checkbox"/> |
|
<i>Non-national English speaking countries (where applicable)</i> | | |
| 6) | Evidence of competency in the English language | <input type="checkbox"/> |
| 7) | Certified translation into English of results/qualifications | <input type="checkbox"/> |

OFFICE USE ONLY**Internal Transfers: Chairpersons of Programme Boards**

As Chairperson of the _____ Programme Board,

from which the transfer is sought, I certify that the Standing Committee of this Programme Board has agreed /has not agreed (delete as appropriate) to this transfer.

In the event that the request is not granted please indicate the grounds for refusal:

Signed: _____ Date: _____
Chairperson

.....

As Chairperson of the _____ Programme Board,

to which transfer is sought, I certify that the Standing Committee of this Programme Board has agreed /has not agreed (delete as appropriate) to this transfer.

Assessment of Semester 1 / Semester 2 Results if Applicable:

Other criteria (e.g. availability of places on programme):

Signed: _____ Date: _____
Chairperson