

## 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.

- 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 **01<sup>st</sup> July 2010**. *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.*
- Transfer applicants from another Higher Education Institution** – (FETAC applicants must apply through the CAO). Closing date for applications is **01<sup>st</sup> July 2010**.
- Applicants for an undergraduate certificate/diploma/degree programme **not included in the CAO Handbook** Please see Undergraduate Prospectus or [www.dcu.ie](http://www.dcu.ie) for closing dates.
- Internal Transfer** DCU students who want to apply for entry to any year other than year 1 of a programme. **2nd July 2010**

*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 :**

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Surname	First Name(s)
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**NAME AS ON BIRTH CERTIFICATE** (if different from above):

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Surname	First Name(s)
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**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

(i) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates of Attendance

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:

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

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

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**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?

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

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

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Other information deemed relevant to the application.

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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](mailto: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. \_\_\_\_\_

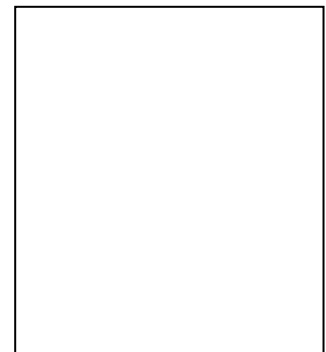
Tel.No. \_\_\_\_\_

**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](mailto: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**   
 • Please do not send originals  
 • Copies must be stamped by conferring university
- 2) **One passport Photograph**
- 3) **Application fee**   
 (€35 for EU applicants/€60 for non-EU applicants)
- 4) **Photocopy of Birth Certificate**   
 • Please do not send originals
- 5) **Signed declaration on page 6**
- Non-national English speaking countries (where applicable)*
- 6) **Evidence of competency in the English language**
- 7) **Certified translation into English of results/qualifications**

**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

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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